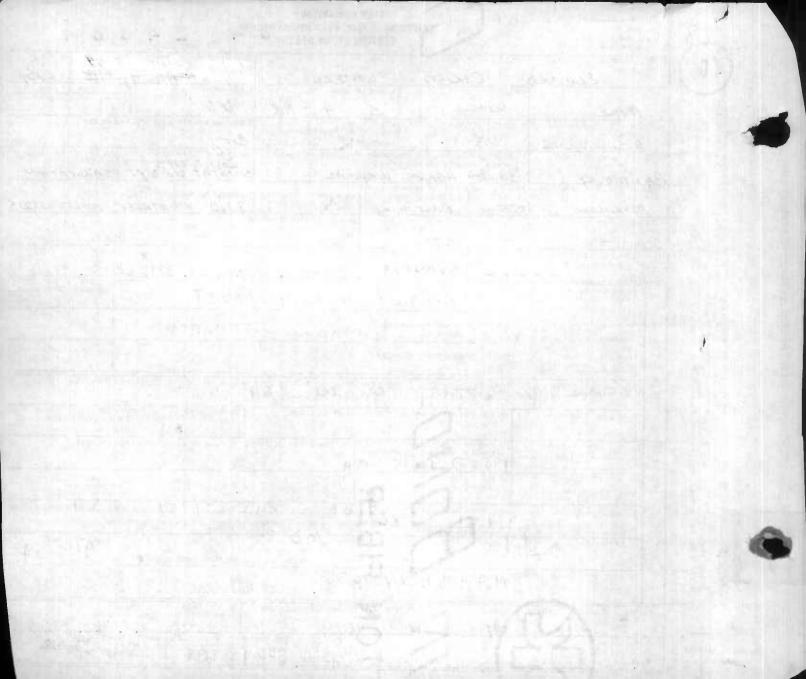
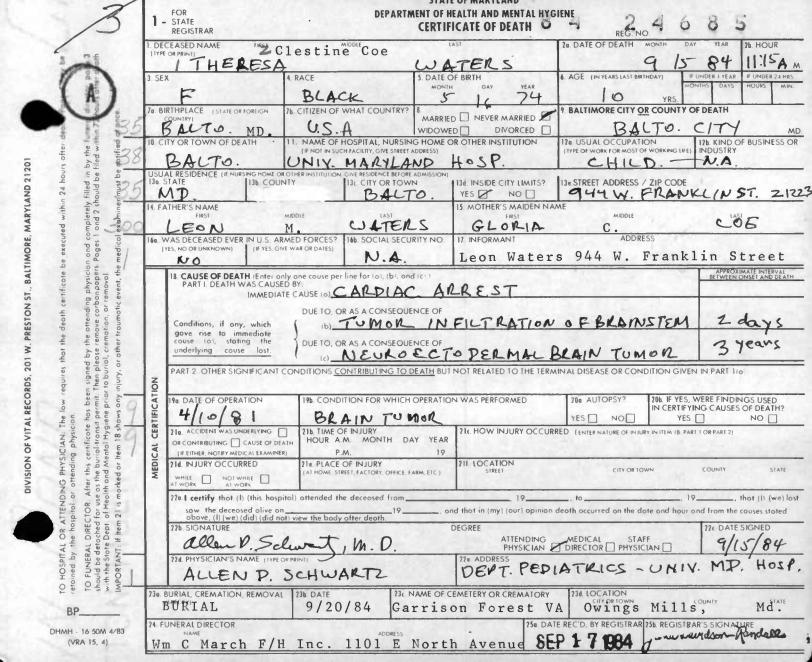
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 2b. HOUR DECEASED NAME TYPE OF PRINTS Sept - 15. 1984 CHRISTI EDWARD 6. AGE (IN YEARS LAST BIRT AONTHS DAYS HOURS White 1918 MALE 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? A BIRTHPLACE STATE OR FOREIGN MARRIED NEVER MARRIED counting 4.5. Maryland U.S. WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17ª USI OCCUPATION 126 KIND OF BUSINESS OR CITY OR TOWN OF DEATH SANTATION DEFT SANI (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 5ANITATION SAINT AGNES HOSPITAL SA LTIMORE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE 134 CITY OF TOWN 13d INSIDE CITY LIMITS? 1136 COUNTY 8th STREET BALT. 21225 BALTIMORE MAKULAND 15. MOTHER'S MAIDEN NAME IL FATHER'S NAME LAST Unaer Waters Marlu Samuel 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 214166423 Waters. Jr. 3712 8th St. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) CARDIO rulmonar PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Adno Carrinoma Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE X Ad your 200 AUTOPSY? 20h, IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO NO T YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 8 (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY STATE COUNTY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from 84, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated sow the deceased alive on above, (1) (we) (did) (did, not) view the bady after death. DEGREE M 22s. DATE SIGNED 77h SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MOHAMED ELNOUR 220 ADDRESS should be IMPORT, St. Agnes Hospital 23d LOCATION 231 NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 236 DATE Brooklun 9/18/84 Cedar Hill Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (Ve \ 15, 4) Ambrose Funeral Home, 1328 Sulphur Spring Rd





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DHMH - 16 50M 4/83 (VRA 15, 4) STATE OF MARYLAND

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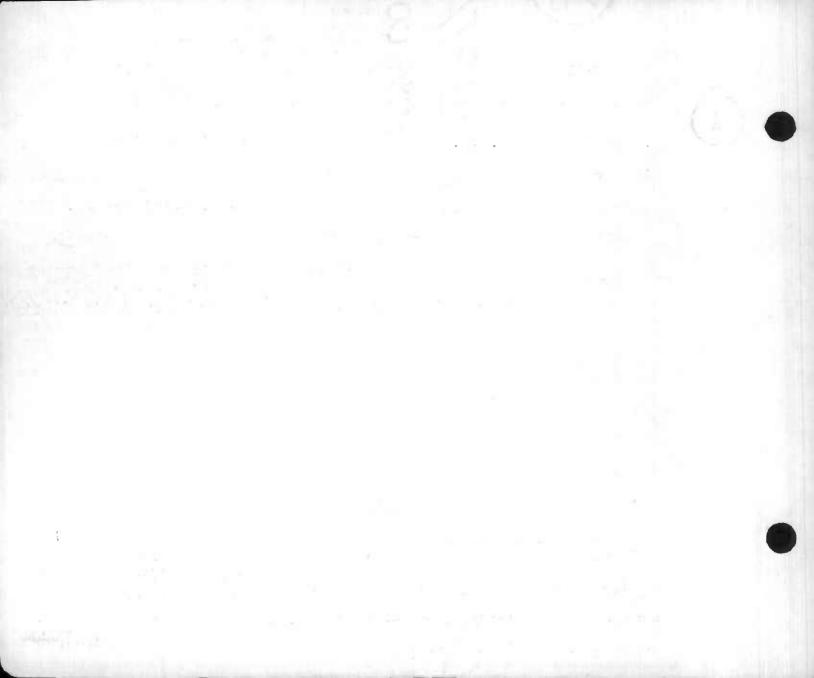
(VRA 15, 4)

20. DATE OF DEATH DECEASED NAME MONTH 26 HOUR [TYPE OR PRINT) 9/19/84 Willie Watson 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS / ZIP CODE 916 W. Baltimore St. 21223 McCorkle ADDRESS Lillie Alston 1817 East 32nd Street PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE Garrison Forest VA Owings Mills, BURTAL Md .. 9/24/84 REGISTRAD 156. REGISTRAD SIGNATURA 24 FUNERAL DIRECTOR 1101 E. North Ave March F/H, Inc.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

7b. HOUR

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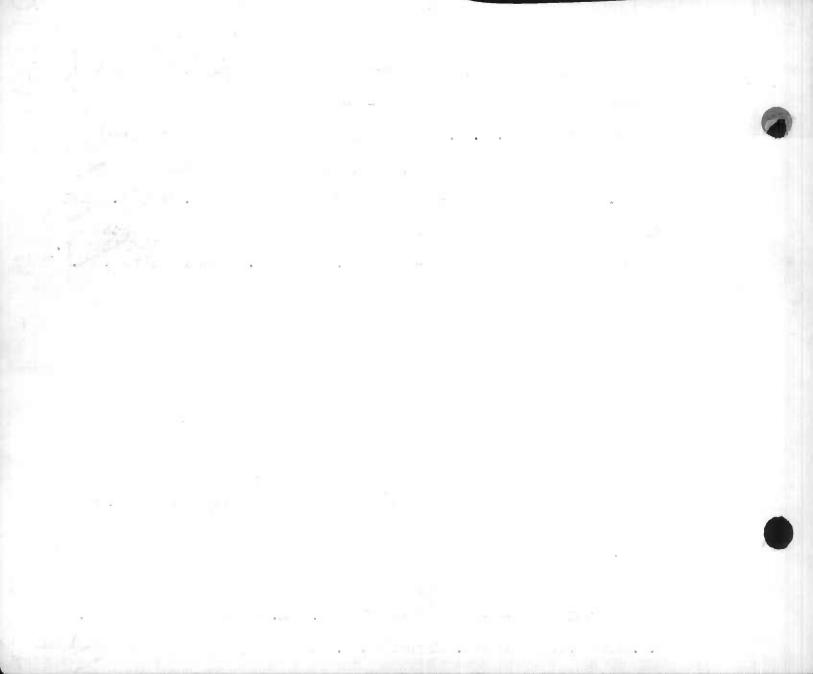
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DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND

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1701 McCulloh St.

- STATE

24 FUNERAL DIRECTOR

Chatman-Harris F/H

DHMH-16 30M 2/B0

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IF UNDER 24 HRS

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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNALURI

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6009 Harford Rd., Balto.,

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

24 ROBERTO. ALTENBURG FUNERAL HOME, INC. 250 DATE REC'D. BY REGISTRAR 250 DEGISTRAR S. SIGNATE

21214

Md.

2b. HOUR

126 KIND OF BUSINESS OR

21206

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Own Home

IF UNDER 24 HPS

IF UNDER 1 YEAR

INDUSTRY

(UNKNOWN)

COUNTY

22c. DATE SIGNED

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STATE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE X

	1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.	IR YES, WERE FINDINGS CERTIFYING CAUSES OF YES TEM 18. PART 1 OR PART 2) 120. DATE SIGNATE	•	
		CEASED NAME	FRA	NCES	MIDOLE	· L	WEEKS	20. DATE OF DEATH			26. HOUR 9:45 AA	
	3. SE			4. RACE	HITE	5. DATE O	FBIRTH	6. AGE (IN YEARS LAST BE	MÓI		IF UNDER 24 HRS HOURS MIN.	
70		Sorth Carol		V.S.A	WHAT COUNTR	V2 9	NEVER MARRIEDXX	9. BALTIMORE CITY 9 Baltimo	OR COUNTY O		M	
15	2	BALTIMORT	5	GO OD	SAM	ARITA	N HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST None		INDUSTRY	00000000000000000000000000000000000000	
35	13a N	laryland	NG HOME OR 13b. COUN		13c. CITY OR TO Balti	ore admission) OWN More	136. INSIDE CITY LIMITS?		elveder	e Ave	. 21212	
50		James	Muĺ	Tan	Weeks		Nillie	Edna	g.	LAS	White	
1		WAS DECEASED EVER I		MED FORCES? E WAR OR GATES)	237-7	47863	Mr. W.E.Weeks	s 819 E B				
		PART I, DEATH WA	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF									
/ Mills	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									a	
9	CERTIFICATION	190. DATE OF OPERAT	ION	196 COND	ITION FOR WHI	CH OPERATION	DN WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES (
9	MEDICAL CER	210. ACCIDENT WAS UNDE OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	TH HOUR A.	M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PART	I OR PART 2)		
	MED	216. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LE 🗆	21e. PLACE	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC)	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE	
		220. I certify that AFF saw the decease above, (Miwe) (d 22b. SIGNATURE	d alive an.	09	112 19	84 , an	d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF	ind fram the		
1		220. PHYSICIAN'S NA EDW 11		YEO			220 ADDRESS 1109		EVEDE	RE		
		BURIAL, CREMATION, F (SPECIFY) Temation		23b. DATE 9-14-		Greenmo	EMETERY OR CREMATORY	236. LOCATION CITY OF TOWN Baltimore		COUNTY	STATE Md.	

DHMH - 16 50M 4/82

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 🚳 6500 York Road 21212

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
2 SEP 1 8 1884 Julia Davidson Andree

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	section of the trade of the tra	reformed by the itosphot of otherboard physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral direction page.	To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction by should be detached for use as the buriol-transit permit. Then please remane carbon papers. Pages 1 and 2 should be filled within 72 hours allow as	Protection of the inspiration of the formal properties. The protection of completely filled in by the funeral direction protection of CONDENS After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after a with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🚑

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1	- 1	REGISTRAR				CERTIF	ICATE OF DI	HTA	REG	NO.				
1		EASED NAME	FIRST	-	MIDDLE	L	AST		20 DATE OF DEAT	HIMONTH	DAY YEAR	26. HOUR		
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1	3 SEX	(4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	R IF UNDER 24	4 HRS	
		Female		Whi	te	1	3	21	63	YRS.			14(1) 4.	
		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	B.	D NEVER M.	ARRIED T	9. BALTIMORE CIT	Y OR COUNT	Y OF DEATH			
5		aryland		U.S.	Α.	WIDOWE	_	ORCED	Baltim	ore Cit	У		MD.	
	10 CT	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTI	TUTION	12a USUAL OCCUP	OST OF WORKING LI		OF BUSINES	SOR	
2		Baltimore		700 Ma	nchester	Road	21229		Homemak	er	-			
4	13a S	AL RESIDENCE (IF NURS	136 COUN		13c. CITY OR TOW	N	13d. INSIDE CIT		13e STREET ADDRE	SS / ZIP COD	E	01000		
1		aryland			Baltimo	re	YES X	NO DENI NI AM	700 Manc	nester	Road	21229		
1	I4_FA	Ear1		MIDDLE	Meusha	17.7	F	MAIDEN NAM IRST MMA	MIDDI	.Е	N	eff		
-	16a V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	16b SOCIAL SECU		17. INFORMAN		AD	DRESS				
	(Y	ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	212-26-1	.260	Joseph	H. Wei	idner 700	Manche	ster R	d. 21	.229	
		18 CAUSE OF DEAT	H (Enter or	nly one cause per	line for (a) db), ain	deci Z	DITTOW	e	1	,		XIMATE INTERV.	AL	
		PART I. DEATH W		D BY: TE CAUSE (0)	4	4	Can	cino.	maton	0	27-8	-83-	9	
			IMMEDIA		R AS A CONSEQUE	NICE OF					1 9	7-4-	84	
		Conditions, if any,	which	(b)	K AS A CONSEQUE	LINCE OF					′	/	- /	
		gave rise to imm	nediate	DUE TO O	R AS A CONSEQU	ENICE OF								
			last	(c)	K AS A CONSEQUI	ENCEOF								
		PART 2 OTHER SIGN	VIFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE OR C	ONDITION GI	VEN IN PART I	to		
	ON	Liver in my			being	1/2	ofo a	bove	-)					
2	CERTIFICATION	190 DATE OF OPERATION		196 COND	ION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?			WERE FINDINGS USED ING CAUSES OF DEATH?		
7	RTIF			0					YES NO		ES 🗌	NO 🗌		
2		OR CONTRIBUTING		110110 1		AY YEAR	21c HOW INJ	URY OCCURRE	ED (ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2)			
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		226 SIGNATURE	DI	7-	1	- 1	DEGREE	TENDING \		STAFF	O DAI	E SIGNED	1	
_		22d PHYSICIAN'S N	AAAE HINDE	10 00 to 11		10	22e. ADDRESS		DIRECTOR PH	YSICIAN 🗌	17-	1 01		
1		D.P. Mala		()				Wilken	s Ave.					
	23a. B	BURIAL, CREMATION,	4		23(NAME OF C	EMETERY OR C		23d. LOCATION					
	1	Burial		9/7/8	4 I	Loudor	Park C	emeter	y Baltim	ore	COUNTY	Maryl	and	
	24 FL	JNERAL DIRECTOR				21229		25a DATE	REC'D. BY REC'S	RAR 256. REGIS	TBAR FLOOR	- Williamore		
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DHMH - 16 50M 4/B3 (VRA 15, 4)



5	1-	FOR STATE REGISTRAR				MENT OF H	EALTH AND MENTAL HYP ICATE OF DEATH	REG. N		6 9	5
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	I	ty or town of death Baltimore	Fra	not in suc	Scott	ey Ne	dical Center	126. USUAL OCCUPATION (1795 DEWORK FOR MOST OF WORKING LIFE) Saleslady 126. KIND OF BUSIN INDUSTRY Linen St			
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completely 1 and 2 sh ol examine	14. FA	THER'S NAME FIRMAROLD	Seite	rt	LAST		15. MOTHER'S MAIDEN NA	an Colben	. 1	LAS	șī .
Poges 1		AS DECEASED EVER IN 1	J.S. ARMED FO FYES, GIVE WAR O		166. SOCIAL SEC 217 22	3203	Donna S. We	lch	Sa	ime	
been signed by the mit. Then please reprior to buriol, cren ony injury, or other	ATION		CANT CONDI	(c) TIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON		EN IN PART 11	
sit per giene shows	CERTIFICATION	21g. ACCIDENT WAS UNDERLY	ring 21	b. TIME C	DF INJURY		21c HOW INJURY OCCUR	YES NO	IN CERTIFY	YING CAUSES	
is certif buriol-t Mentol or frem	MEDICAL (OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL B 21d. INJURY OCCURRED WHILE NOT WHILE	XAMINER)	P. PLACE	.M. MONTH E .M. OF INJURY REET, FACTORY, OFFICE,	PAY YEAR 19	211. LOCATION STREET	CITY OR TO		COUNTY	STATE
D IRECTOR: After the sched for use as the Dept. of Health and Health and Hem 21 is marked		220.1 certify the (1) (this sow the deceased above (1) we ((did))	s hospital off				d that in(my)(our) opinion	death occurred an the d		and fram the	
RAL State of the S		226. SIGNATURE CONT. 226. PHYSICIAN'S NAME	(TYPE OR PRINT)			ND	22e. ADDRESS	MEDICAL STA	IAN		6/84
retoined by		ERIC URIAL, CREMATION, REA		TRA		NAME OF C	35 S.L.		-		
BP HMH - 16 50M 4/82 (VRA 15, 4)	24. Ft	RECTOR TO DESCRIPTION TO THE PUBLIC P	· Au		1-12-1		25g. DA	TE REC'D. BY REGISTRAR	25b. REGISTR	RAR'S SIGNAT	

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DEPARTMENT OF HEALTH AND MENTAL HYGJENE ...

1 -	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL H		2 4 REG. NO.	6 9	6		
	CEASED NAME	FIRST	,	AIDDLE	L	AST	2a DATE OF DI	EATH MONTH	DAY YEAR	2b. HOUR		
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1.58)	K		4 RACE		5. DATE O		6 AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS			
Ma	ale		White		6-3	26-1930	54	YRS				
7	TEO. Ci	ty	USA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED \$		MORE CITY		MD.		
10 C1	TY OR TOWN OF D BALTIMOR			OSPITAL, NURSING		TTAL	BOOKRE	CUPATION PRAOSLOF WORKING I POPEL	126. KIND (of BUSINESS OR t Goetz		
USU/ 13a_S M I	AL RESIDENCE (IF N	URSING HOMF OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE .	City	13d INSIDE CITY LIMITS?	3300 L	DRESS / ZIP COU ake Ave	£ 2121			
IL FA	THER'S NAME	•				15. MOTHER'S MAIDEN						
>	Robert		niddle Igene	Wells		Agnes		rdelia	Camp	bell		
	VAS DECEASED EV		MED FORCES?	166 SOCIAL SECUP	RITY NO.	17 INFORMANT		ADDRESS				
Y	es		a-Army	212-28	-808		Thomas,	5402 C				
	18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	ly one cause per D BY: E CAUSE (o)	Metabol	ic f	Acidosis / E	nd-Stage	Circhosi		XIMATE INTERVAL NONSET AND DEATH		
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	gove rise to immediate cause (0), stating the underlying couse last. Due to, or as a consequence of Staphylococcus Pneumonia Possible Hepatopenal								openal			
	PART 2 OTHER SI	GNIFICANT (ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE C	OR CONDITION G	IVEN IN PART 1	Ia		
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	OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH DA		ZIC HOW WOOK! OCC	ORRED TENTER NATUR	TE OF INJURY IN TEM TO	PARTI ORPART 2)			
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		(did) (did no	t) view the body	after deoth.		nd that in (my) (our) opini	on deoth accurred o	on the dote and ha				
	226. SIGNATURE	Jane	MD			DEGREE ATTENDING PHYSICIAN		STAFF PHYSICIAN	9/9	E SIGNED		
	22d. PHYSICIAN'S	NAME (THE	OR PRINT)			22e ADDRESS		THISICIAN	112	1-1		
	Betsy	A.	Fay			Union Mem	norial Ho	spital				
23o E	BURIAL, CREMATIO	N, REMOVAL	236. DATE	23c. N	AME OF C	EMETERY OR CREMATOR	Y 23d. LOCATI	ON				

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial

John C. Miller, Inc. 64 15 Belair Rd.

9/7/84

Balto. 23c. NAME OF CEMETERY OR CREMATORY Garrison Forest

Balto.

250. DATE REC'D. BY REGISTRAR 23 WIEGISTRAR'S SIGNATURE SEP 1 1 1984

 MD^{STATE}



4	١.	FOR STATE			STATE OF MARYLAND T OF HEALTH AND MENTAL H	GIENEZ,	2 4	0	
		REGISTRAR			ERTIFICATE OF DEATH		REG. NO. 2 4	697	
eg T		OR PRINT) RUTH	N W Y	=LLS	LAST	20. DATE O	FDEATH MONTH	15-84	3.00AM
om 4 of 1	3 SE	2	PRACE -to	5.	DATE OF BIRTH MONTH DAY YEAR 10 - 12 - 1916		G 7 YRS.		HOURS MIN.
Post Post	7a. BI	RTHPLAGE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT	A /	MARRIED NEVER MARRIED	9 BALTIMO	DRECITY OR COUNT	Y OF DEATH	ty MD.
rs after dec	10 CI	OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING	OME OR OTHER INSTITUTION	170 USUAL (TYPE OF WOR	OCCUPATION IN FOR MOST OF WORKING	126. KIND OF INDUSTRY	BUSINESS OR
hin 24 hours hin 24 hours ly filled in b should be fi	130 (S	NERESIDENCE (# NURSING HOME OR TATE 136. COUN	OTHER INSTITUTION GIVE RES	ITY OR TOWN	13d INSIDE CITY LIMITS?	13e.STREET	ADDRESS ZIP COI		2 1231
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AL OR ATT The hospital AL DIRECTC detached for ore Dept of IT. If Item 21		22h SIGNATURE	Unus	il	DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	22c. DATE S	S 84
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5 5 5 5 3 3		WRIAL, CREMATION, REMOVAL	23b. DATE 9-11-19	10	AE OF CEMETERY OR CREMATOR	Y 23d LOS	ATION	BOUNTY,	O SI) ITE
BP DHMH - 16 50M 4/83	1	IN ALIAN INFECTIOR	1 7-13-17.	work sett	Apl 21223 250. D		REGISTRAR 256. REGI	STRAR'S SIGNATU	RE Head
(VRA 15, 4)	4	to power	Son One	. 901.	Holling STSFP	18 198	4 guia Dav	Agent-Norton	10 A



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE, - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH MONTH 2b. HOUR CTYPE OR PRINTS LeBrun 8 WERNSING ANNA 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 87 FEMALE WHITE 9 BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED MARYLANI WIDOWED DIVORCED [12b. KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker ASON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 136 COUNTY, 21224 13c. CITY OR TOWN 13d INSIDE CAY LIMITS? 13e.STREET ADDRESS / ZIP CODE BALTO mi NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE LAST MIDDLE unknown LeBrun unknown 3701 Old North Point Rd. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT HE VES GIVE WAR OR DATEST 3052 Mr. George H. Wernsing Dundalk, MD · · · No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VIT AL RECORDS CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? NOF NO [YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive and that in (my ((our))opinion death occurred on the date and hour and from the causes stated above, (1)(we) (did)(did not) view the body after death. 226 SIONATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL vid be deto MPORTANT 22e ADDRESS 22 & PHYSICIAN'S NAME (TYPE OF PRINT) 5200 EASTERN EBRA WERTHEIMER 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Baltimore City, Maryland Cremation Green Mount Crematory 250 DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE TO THE PROPERTY OF THE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Walter Brooks Bradley, Inc. Dundalk, MD 21222 (VRA 15, 4)

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DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR

Burial

Carroll

Sykesville 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Lakeview Mem. Park

Julia Daydon Bondons

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umont Avg. 212	cia 715 mea	enia note	10,605-05	-BIL LYGHAN	Yes
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deoth. Poge 4 may be

requires that the death certificate be executed within 24 hours often

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

the hospital or

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the

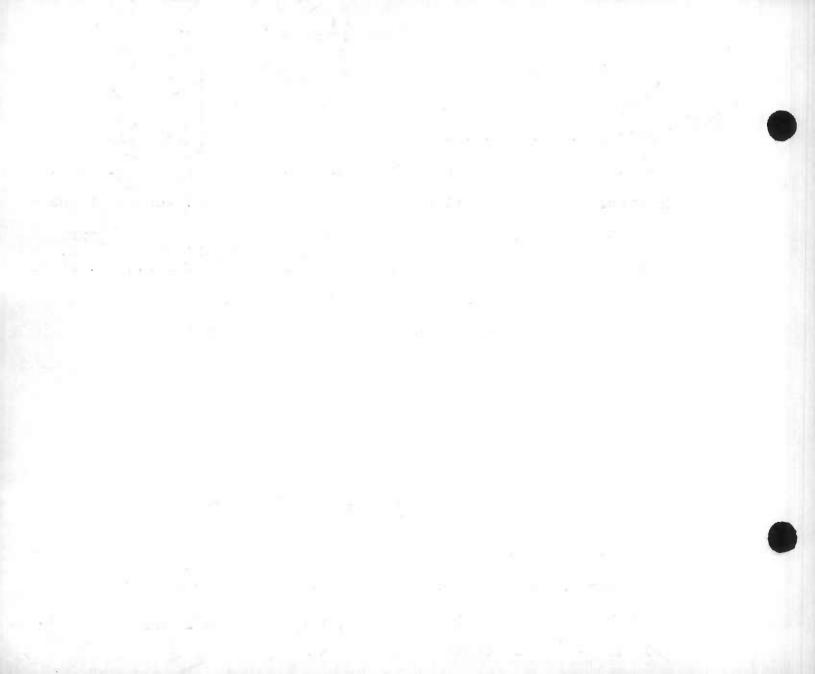
should be detached for use as the burial-transit permit. Then please remove carbandopers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYSIENE AND CERTIFICATE OF DEATH

2

1	FOR - STATE REGISTRAR	DEPARTM	CERTIFICAT	H AND MENTA		REG. NO	41	0	Ù
	ECEASED NAME FIRST PE OR PRINT } YO (Q N of)		Wheel			OF DEATH A	9 Z9	84	26. HOUR 5125 PM
3. SE	Female	White	Dec.	1°0, 1°9		IN YEARS EAST BIRTH	YRS.	DER I YEAR	IF UNDER 24 HRS
79.8	RTHPLACE (STATE OR FOREIGN COUNTRY) Elkins, W. Va	U.S.A.	MARRIED WIDOWED	NEVER MARRIED	A. A	MORE CITY <u>OR</u> Baltim			MD
10. 0	/	II. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) Trancis Scott	ADDRESS)	ed. Cen	(TYPE OF V	ALOCCUPATION NORK FOR MOST OF	WORKING LIFE) IN		F BUSINESS OR
13a.	JAL RESIDENCE (IF NURSING HOME OR STATE US COUN NEW CON	other institution give residence before IY Castle Wilming	N 13d. I	NSIDE CITY LIMI	0.0	OO N.	zip code Monroe	1.9	802
1	Emmett	W. Wheeler	-1	Cryst	al	MIDDLE	4 5	Thon	nas
	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUL WAR OR DATES) 234-64-7	ister) inaber:		Cornwa lto.,	Md.	21222		
		y one couse per line for (a), (b), one BY: E CAUSE (a)	atory	/Car	edia c	Arres	t	APPROXI BETWEEN (MATE INTERVAL ONSET AND DEATH
NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) 10 10 10 10 10 10 10 10 10 10 10 10 10	tic /		TERMINAL DISE		ITION GIVEN II	N PART 110	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	VHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES 7			
MEDICAL CER	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	Y YEAR		CCURRED (ENTE	R NATURE OF INJURY	Y IN ITEM IB PART I	OR PART 2)	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F)		STREET		CITY OR TOW	/N	COUNTY	STATE
	220.1 certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE		, ond that		ornion death occu	gred on the dot	te and hour and		
	22d. PHYSICIAN'S NAME (TYPE OR	W. Hoge	Mill	ATTENDI PHYSICI ADDRESS		AL STAFF OR PHYSICI		7/	29/84
		. Hoge M.D.			Easter		21 224	,	
	BURIAL, CREMATION, REMOVAL (SPECEY) BURIAL FUNERAL DIRECTOR E. B	1 / /	IAME OF CEMETI	metery		CATION CITY OR TOWN Lkins BY REGISTRARIZ	Randol	UNIY W	Va.
	Fleming Funer	al Service	Benson		BCT 3		Julia Davi	dson-A	andele



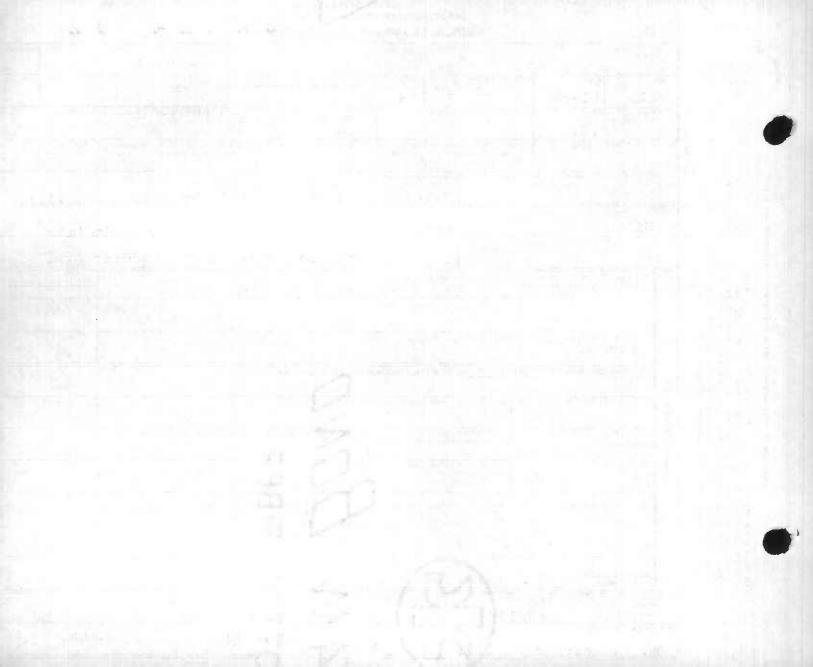
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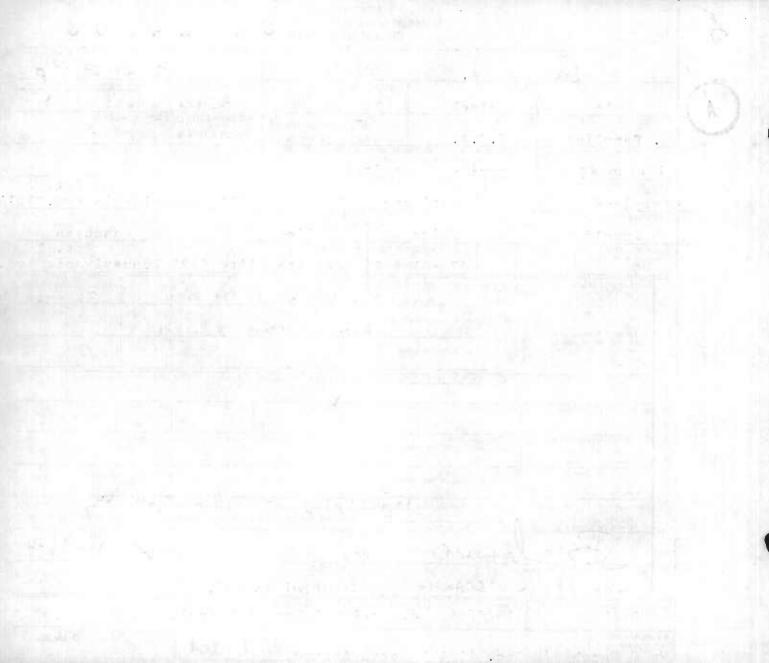
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DÉCEASED NAME FIRST 20. DATE KNOWN TY MONTH 26 HOUR DAY LTYPE OR PRINTS ESTI OF DEATH MATED FEAGE THOUNGS IN PENCIL IN ITEM 18. GIVE AGES 1, 2 AND 310 THE FUNERAL DISCIPLE.

CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUNGLIGHTON.

USED AS A BURIAL TRANSIT PREMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS

OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET, White 9/3/84 19 James E. 4. RACE 2d. HOUR 5:55 A м 3. SEX AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH DATE DAY LAST BIRTHDAY PRONOUNCED Black Male 6 25 30 54 DEAD 9/3/84 19 YRS TO BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRYS 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY) S.C. USA Baltimore City DIVORCED WIDOWED ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Provident Hospital Baltimore USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13e STREET ADDRESS 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? MD Baltimore 2048 Braddish Ave. 21216 NO [] DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Hilton LAST White McClain Beatrice MAS DECEASED EVER IN U.S. ARMED FORCES? TAN SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) Annie White 2048 Braddish Aye. Yes 247-46-9367 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Chronic Obstructive Pulmonary Disease IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION Arteriosclerotic Hypertensive Cardiovascualr Disease 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CRETHEICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES KON 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN STATE COUNTY NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autapsy death resulted from: Homicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 9/4/84 MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY SPECIFY) STATE Burial 9/10/84 Garrison Forest VA BP Owings MD SEP 5 1984 PEGISTRAR 256 BEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** ADDRESS 1101 E. North Ave. (VR A15 ME (5)) Wm. C. March F/H 20M 4/82





9/20/84

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

- STATE

REGISTRAR

Munch 1101 F. Man II A

Mount Auburn Cem.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MONTH

18

YES []

COUNTY

84

COUNTY

22c. DATE SIGNED

84

INDUSTRY

IF UNDER I YEAR

20 DATE OF DEATH

250 DATE RECD. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
SEP 2 0 1984 What James American

Baltimore,

Md.

7h HOUR

17b. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER 24 HRS

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			STATE OF MARYLAND		
1	FOR STATE REGISTRAR	DEPARTI	CERTIFICATE OF DEATH	GIENE 2 4 /	05
	ECEASED NAME FRST	beth MIDDIE	whiteford	20. DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
A)	EX F	RACE	5. DATE OF BIRTH MONTH DAY YEAR 0 4 8 7 0 3	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
9/ 76.8	BIRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY O	Cile
10 0		1. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING 1 IFE)	12b. KIND OF BUSINESS OR INDUSTRY
USU 13a.	JAL RESIDENCE (IF NURSING MECTO STATE)		ADMISSION) N 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	:11e Rd 21161
1	traine 1	ADDLE LAST	15 MOTHER'S MAIDEN N.	AME	1AS1
	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SECUMENT OF DATES) 185-09-	RITY NO. 17 INFORMANT	ADDRESS	Nol , Monkton H
- Line	PART I. DEATH WAS CAUSED	y one couse per line for (0), (b), on BY: CAUSE (0)	- respiratory	wret	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 45 Line
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MINIST DE	210, ACE IDENT WAS UNDERLYING	(O decomo)	inture		ING CAUSES OF DEATH?
MCAL C	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED		AY YEAR	ricle Michael	O TORPAKI 2)
MET OF SERVICE	WHILE AT WORK	SHEET STEEL FACTORY, OFFICE,	York Rd. &	Old York Rd.	Balto. Md.
29	224 certify that (I) (this hospite saw the deceased alive on_ obove (I) (well did not		and that in (my) (our) as will	A (+ A)	9 37 , that (I) (we) lost and from the couses stated
MT. # #	THE PHYSICIAN'S NAME 174 OF	La Jen	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED
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3/	BURIAL, CREMATION, REMOVAL	23b_DATE 23c	NAME OF CEMETERY OR CREMATORY	123d LOCATION	

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		REGISTRAR				CERTIF	ICATE OF I	DEATH -	REG.	NO.	, 0	9
		CEASED NAME	EIRST		MIDDLE	€.	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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	3. SEX	K		. RACE	<u> </u>	5. DATE C			6. AGE (IN YEARS LAST	BRTHDAY	IF UNDER I YEAR	
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		aryland		U.S.		WIDOWE		VORCED [MD.
9	10. CI	TY OR TOWN OF D	DEATH	(IF NOT IN SU	CH FACILITY, GIVE SI	RSING HOME C			12a USUAL OCCUPA			OF BUSINESS OR
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7		Willia		AIDDLE	T.T.b. i + +	ington	т.	EIRST	MIDDLE		Cmos	
6	14n W	VAS DECEASED EV		AED FORCES?		ECURITY NO.	17 INFORMA	rene	ADI	DRESS	Gros	S
	- 11	YES, NO OR UNKNOWN)		WAR OR DATES)					22/2	n: - 1	A .	
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		18 CAUSE OF DEATH	ATH (Enter onl	y ane cause per	line for (a), (b	, and (c).T	7				BETWEEN	ONSET AND DEATH
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				Septem			nd that in (mix)	(aur) apinian a	death accurred on the	date and ho	our and from the	causes stated
		22b. SIGNAL UNIT) (did) (and ha) view the bady	after death.		DEGREE					SIGNED
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+		701 8111/51613-46	www	ues			22e ADDRES		DIRECTOR PHY	SICIAN M	1 3/-	7/1904
/		22d PHYSICIAN'S					20.30			7	24-7	
		Pat.	ricia W	eber, l	1.D.		C/C	Maryla	nd Genera	I Hosp	ıtaı	
		BURIAL, CREMATIO	N, REMOVAL			23c. NAME OF C			23d. LOCATION		COUNTY	- 51475
		BURIAL		9/8	/84	Mount	Aubur	n Cem.	Baltin	ore,	COUNIT	Md. STATE
	04.51							Inc. DATE	F DECID DY DECICED	Anlan necu	TRANCCIOLA	Time

DHMH - 16 50M 4/83 (VRA 15, 4)

Wm C March F/H Inc. 1101 $\stackrel{\text{ADDRESS}}{\text{E}}$ North Avenue

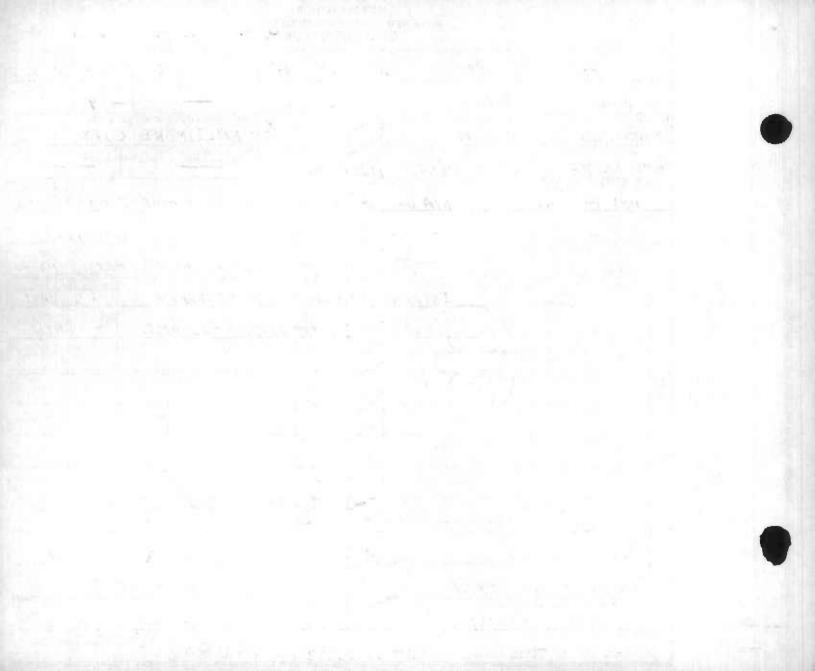
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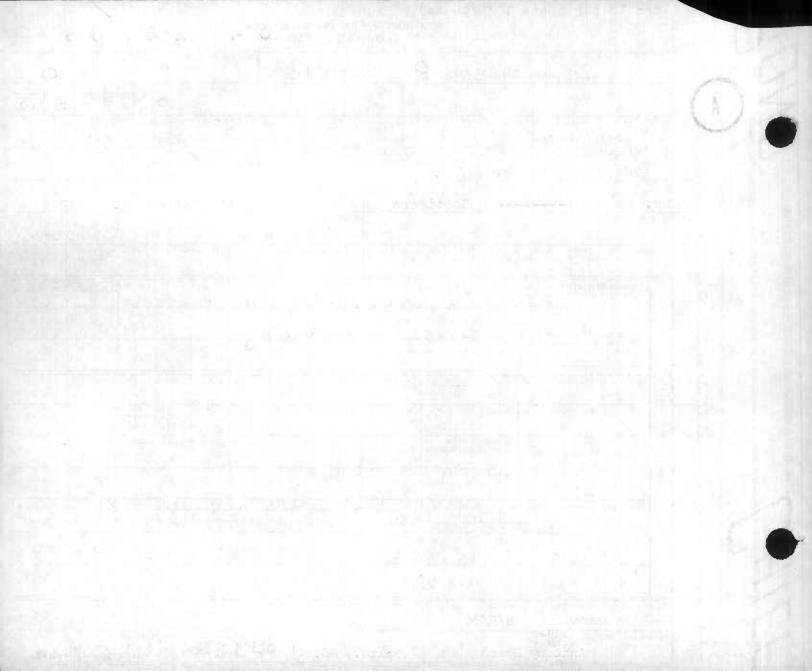
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PHYSICIAN DIRECTOR PHYSICIAN DIR	A PEC			view the body after death.			
SPECIFY Removal 9/6/84 226 ADDRESS SOUTH BOL. Gen. Hospital 236 BURIAL, CREMATION, REMOVAL 236. DATE SPECIFY Removal 9/6/84 236 PATERIAL DIRECTOR 227 ADDRESS SOUTH BOL. GEN. Hospital 238 BURIAL, CREMATION, REMOVAL 236. DATE 239 BURIAL, CREMATION, REMOVAL 236. DATE 230 BURIAL, CREMATION, REMOVAL 236. DATE 230 BURIAL, CREMATION, REMOVAL 236. DATE 230 BURIAL, CREMATION, REMOVAL 236. DATE 231 BURIAL, CREMATION, REMOVAL 236. DATE 232 BURIAL, CREMATION, REMOVAL 236. DATE 234 FUNERAL DIRECTOR 245 BURIAL, CREMATION, REMOVAL 236. DATE 246 BURIAL, CREMATION, REMOVAL 236. DATE 256 BATE REC'D. BY REGISTRAR 256 REGISTRAR 256 REGISTRAR'S SIGNATURE	P H H		Valen	- V 120 P-	ATTENDING		
BP 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STA	ERAL Store	-	224 DELYCK TANKS NAME	a vius		DIRECTOR PHYSICIA	NET 7.4-07
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BPREMOVAL 9/6/84 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE	E 5 - 2 5 6	230 F	(SPECIEV)		23c. NAME OF CEMETERY OR CREMATORY		COUNTY
	BP		Removal	9/6/84			
NAME ADDRESS ADDRESS	DHMH - 16 50M 4/83	24 FI					
(VRA 15, 4) Anatomy Board Balto., Md. July July Baydon Rando M				Board	Balto., Md.	Cr 1 3 1984 2	Fulia Davidson-Randall



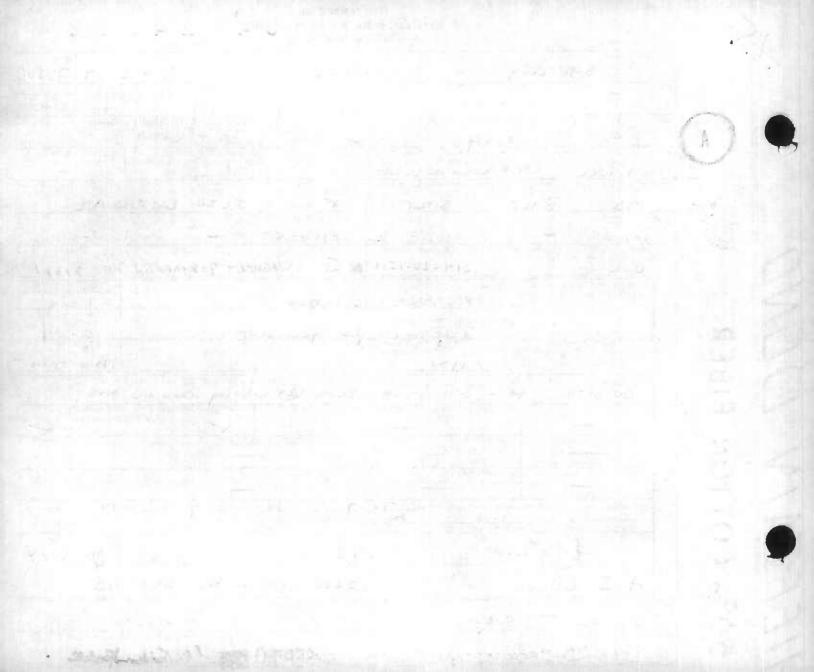
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2n DATE OF DEATH 1. DECEASED NAME MONTH 2h HOUR TTYPE OR PRINTS 9-19-84 Wiggins James 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE S DATE OF BIRTH YEAR Male Black BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED Baltimore, Virginia DIVORCED [CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Culver Retired Sparrows INSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Balto. MD. Culver St. 21229 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Samuel Robinson Clacy 21 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT HE YES GIVE WAR OR DATEST Culver St. 21229 311 Esther APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for ja), jb), and ic. PART I. DEATH WAS CAUSED BY 2 years DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I a CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN (AT HOME STREET, FACTORY OFFICE FARM, ETC.) 220.1 certify that (H) Ohis hospital) attempted the deceased fram Sugust saw the deceased alive on furging above (11) we) (did) (fid not) iew the body after death. and that in (my) our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SHGNED STAFF PHYSICIAN DEIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be with the S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23¢ BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN Mt. Auburn Cem. Burial Westport 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNA HURST 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Chas. A. Rice FSPA 1300 Eutaw Place (VRA 15, 4)

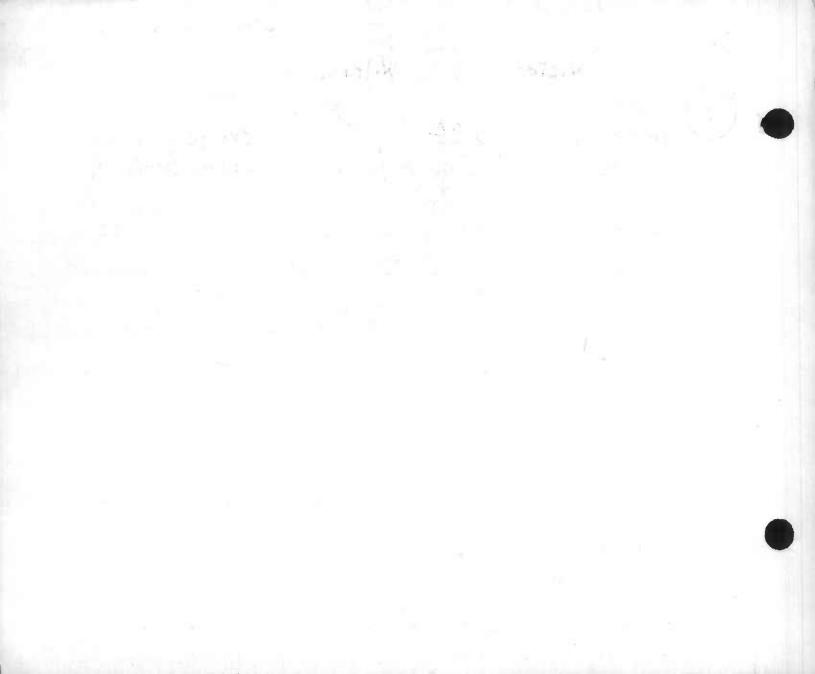
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BP______ DHMH - 16 50M 4/82 (VRA 15, 4)

	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 2	47		
Ì		CEASED NAME FIRST	WIDDLE		LAST		MONTH DAY	YEAR 26 HOUR	_
	(TYPE	BISHOP	GEORGE W.	W	IIDS		9 14	84	1
ì	3. SE)		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		ER I YEAR IF UNDER 24 HR	
?		ALE	BLACK	10	22 09	74	YRS.		7.
7	0	OUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIE	DIVORCED	PALTIMORE CITY OF	C: L	12	
H		OUTH CAR.	11. NAME OF HOSPITAL, NURS	WIDOWI		DALTIMOR	DN 12b.	KIND OF BUSINESS	M OF
0	BA	ALTO	4219 BELLVIE			INISTE		SUSTRY	
6	USUA 134 S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEF	WN	134 INSIDE CITY LIMITS?	4219 BEL	VIEU A	21215 VE.	
2	1	THER'S NAME	WEDLE LAST		15. MOTHER'S MAIDEN NA	ME		LAST	
4	fáa. V	VAS DECEASED EVER IN U.S. AR.	MED FORCES? THE SOCIAL SE	-5851	17 INFORMANT ELIZABETH	WILDS 4219		EU AVE.	
	7	PART I DEATH Enter on PART I DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate course foll shaking the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECUTED OF TO, OR AS A CONSECUTED OF TO, OR AS A CONSECUTED OF THE CONSECUTED OF TH	BUENCE OF DEATH BUT	my Ay p mythm NOT PLATED TO THE TERM	MA AND ANNAL DISEASE OR CONF	un.	PART 110	
7	CERTIFICATION	19s DATE OF OPERATION	1% CONDITION FOR WHI	CH OPERATIC	N WAS PERFORMED	194 AUTOPSY7		E FINDINGS USED CAUSES OF DEATH?	
	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220 1 certify that (I) (this hasp)	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	8.7/	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR	OUNTY STATE	0:
		226. FLOWER NAME (TYPE O	llian	mD.	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF	1	N. DATE SIGNED	1
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	9/21/84	OODLA	WN MEMORY	23d LOCATION CITY OF TOWN	COUN	NTY STATE	
	24 FL	RCY O. DYETT	4600 LIBERTY	Y HGT	AVE SE	PTR TRA	IS REGISTRAR'S	SIGNATURE SOM PANDER	

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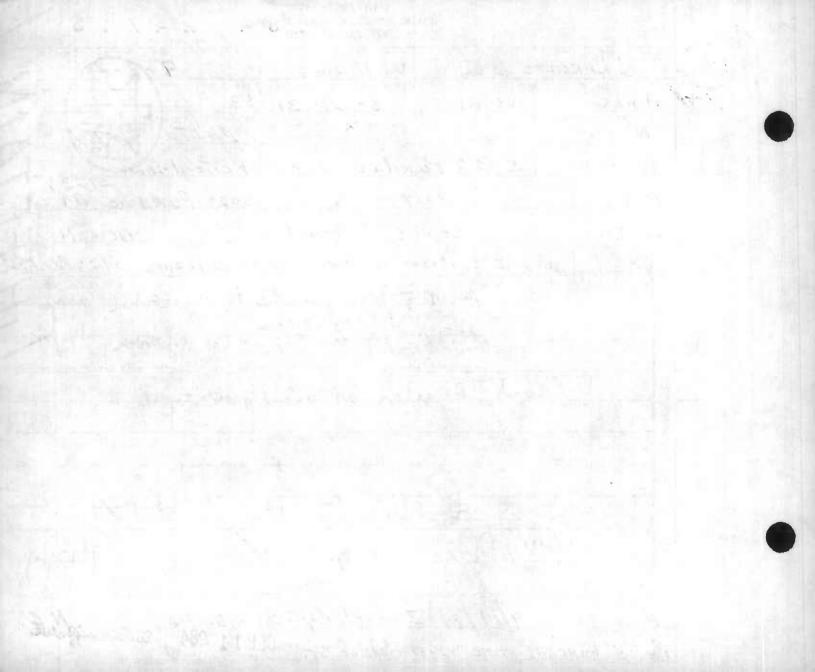




HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

(VRA 15, 4)

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Furial 10/01/1384 Crder Fill Cometary Author Sons Funeral Horainc.

25% Comms Falls May, Baltimore, Md. 21216

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the attending physicion and campletely filled in by the funeral director, page 3 remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death

must be notified of once.

medical exam

injury, or other traumatic event, the

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

24717

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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		REGISTRAR				CEKTIF	ICATE OF D	CALI	REG.	NO.		
		CEASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Titre		Lames		c.	Wil	liams		Septemb	or 17	1984	M
	3. SEX			RACE		5. DATE C	F BIRTH		AGE IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Male	63		ack	MONTH	2 DAY	44	39	YRS.	MONTHS DAYS	HOURS MIN.
4		RTHPLACE (STATE OR	FOREIGN	16. CITIZEN OF	WHAT COUNTRY	? 8. MARRIEI	NEVER M	ARRIED D	BALTIMORE CITY	OR COUNT	Y OF DEATH	
3		VA			USA	WIDOWE		ORCED	Baltimo	re Ci	ty,	MD.
	10 ⊂1	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSI		R OTHER INST		12a USUAL OCCUP			OF BUSINESS OR
a	Ba	altimore			Chilton		eet		(TIPE OF WORK FOR MO	ST OF WORKING L	(IFE) INDUSTRI	
5	USUA 13a S	AL RESIDENCE IF NURSTATE Maryland	SING HOME OR (THER INSTITUTION		RE ADMISSION)	13d. INSIDE CI		13e. STREET ADDRES	llton	St.	21218
0	14. FA	James		L.	Willia	me		MAIDEN NAM	E WIDDIE		Lewi	ST C
0	16a W	DE OE 1 0ED EUED	IN II S ARA		166 SOCIAL SEC		17. INFORMAL		ADI	DRESS	ПСМТ	
	()	VAS DECEASED EVER VES. NO OR UNKNOWN) NO		WAR OR DATES)					Williams		1 Box	837
		18 CAUSE OF DEAT	TH (Enter onl	y one cause per			1	0	+		APPROX BETWEEN	ONSET AND DEATH
	111	PERMIT	IMMEDIATI	CAUSE (v)	C	gria.	IAC	Anne	1/			
				DUE TO, O	R AS A CONSEQU	JENCE OF						
	7	Conditions, if any gove rise to im-		(b)_								
		underlying couse		DUE TO, O	R AS A CONSEQU	JENCE OF					S XIII	
	4	DARKO OTUGO CIO		(c)		DE . T D T						
	Z	PART 2 OTHER SIG	NIFICANI	ONDITIONS CO	JNIKIBUTING TO	DEATH BUT	NOI KELATED	IO THE TERMIN	NAL DISEASE OR CO	ONDITION G	IVEN IN PART I	.01
	CERTIFICATION	19a, DATE OF OPERA	HON	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?		ES, WERE FINDI	
7	LIFIC	\$7211	(se)	Ana	tic val	Y 141	Incer	rent	YES NO		IFYING CAUSES	S OF DEATH?
3	CERT	21a. ACCIDENT WAS UN	DERLYING	21b. TIME O		-	21c. HOW INJ	URY OCCURRE				7.0
1		OR CONTRIBUTING		HOUR A.		DAY YEAR						
2	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		21f. LOCATIO	N				
	ME	AT WORK NOT WE	HILE D	AT HOME STE	REET, FACTORY, OFFICE.	FARM ETC)	STREET		CITY OF	NWOT	COUNTY	STATE
8		22a.1 certify that (1)			The same of the sa	Cd -		, 19	_, to		. 19	that (1) (we) last
		sow the decease obove, (I) (we)	ed alive on did) (did not	view the body	offerdeath.	, or	id that in (my) (our) opinion de	eath accurred on the	dote and ho	ur and from the	couses stated
		226. SIGNATURE	>	11/1)	DEGREE	TENDING	MEDICAL S	TAFF	22L DATY	SIGNEY
_		22d. PHYSICIAN'S N	AME (TYPE OF	PRIME)	6.8	40	P 22e. ADDRESS	HYSICIAN [DIRECTOR PHY	SICIAN	1//	1/07
1		Rob	1	1) 11.			22	5.0	neene	54	Balk	iner
	23a. B	RUPIAL CREMATION	PEAAOVA1	23b. DATE		NAME OF C	EMETERY OR C	REMATOR	234 LOCATION		1	
		Burial		9/22/	84 I	Lewis	Cemet	ery	South	hill	COUNTY	VAATE

North Avenue CCD

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

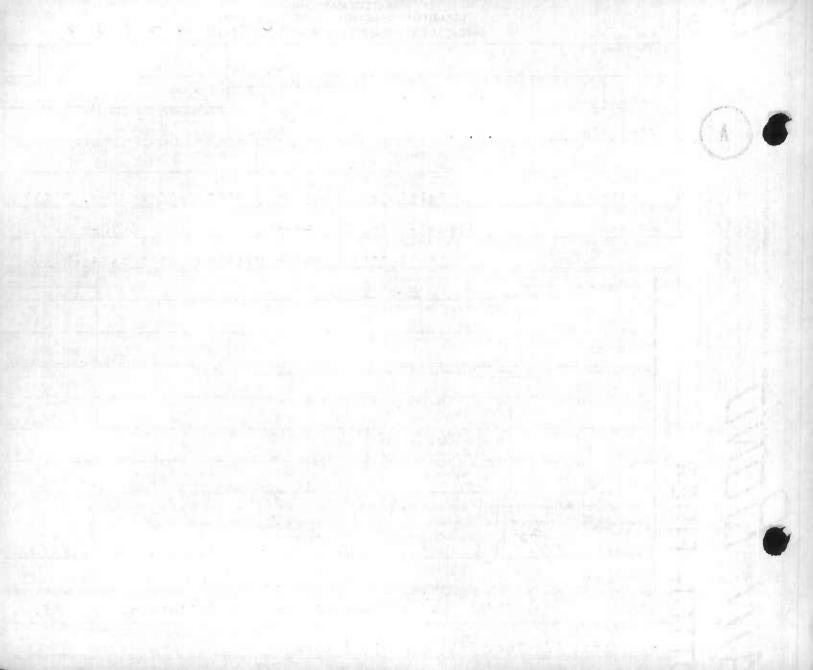
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DIVISION OF VITAL RECORDS,

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremotion, ar removal. IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar ather traumatic event, the

STATE OF MARYLAND								
DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
CERTIFICATE OF DEATH								

ĺ		STATE REGISTRAR	DEP	CERTIFICATE OF DEATH	REG. NO.	120
		CEASED NAME FIRST MOR	RIS B.	WILLIAMS		DAY YEAR 26. HOUR 30 84 7:40 LM
J	3. SEX	(4. RACE	5. DATE OF BIRTH	6. AGE [IN YEARS LAST BIRTHDAY]	IF UNDER LYEAR IF UNDER 24 HRS
H		Male	Black	MONTH DAY YEAR 11 12 88	96 YRS.	MICHAINS DATS HOURS MIN,
2	7s. BIR	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	Baltimore City Baltimore City	
)		clahoma	U.S.A.	WIDOWED DIVORCED [MD.
A	10. CI1	Baltimore	(IF NOT IN SUCH FACILITY, GIVE UNION ME	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) IMORIAL HOSPITAL	12a. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LII	12b. KIND OF BUSINESS OR INDUSTRY
	13a. S M &	aryland 136. COU		imore 13d INSIDE CITY LIMITS?	3527 Haywood	
-		THER'S NAME FIRST Jnknown	MIDDLE LAST	15. MOTHER'S MAIDEN N FIRST Unknown	MIDDLE	LAST
i	Ióa W	AS DECEASED EVER IN U.S. A		SECURITY NO. 17 INFORMANT	ADDRESS	2 -
	(4	ES, NO OR UNKNOWN) (IF YES, G	218-0	7-4078 Shirley E	. Jones 3527 Ha	avwood Avenue
1		18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) CARDI			2-3 min
			DUE TO, OR AS A CONS	SEQUENCE OF		
1		Conditions, if ony, which	(b) RELEI	NT MI		
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF		
		underlying cause last.	(c)			
	NO O	PART 2 OTHER SIGNIFICANT	4 4	G TO DEATH BUT NOT RELATED TO THE TE	rminal disease or condition giv	VEN IN PART 1:0
2	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	INCERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
1	CERI	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18	
	_	OR CONTRIBUTING CAUSE OF D		1 DAY YEAR		
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	21f LOCATION	CITY OR TOWN	COUNTY STATE
		228 1 certify that (I) this has	pilo ottended the deceased for	rom 9 19 10 8	4 10 9 20	19 84, that ((we) last
		saw the deceased alive a abave (1) (iii) (did)	on 9 2 9 nat) view the bady after death.	19, and that in (my) (our) apinio	an death accurred on the date and hou	ur and from the causes stated
		Shaile	Maddaie	L DEGREE ATTENDING PHYSICIAN		9 30 84
		SHAILA M	Shaila Mad	ddaiah 220 ADDRESS Unio	n Memorial Hospit	MORIAL HOSP.
		URIAL, CREMATION, REMOVA		23t. NAME OF CEMETERY OR CREMATOR Mount Zion Cem.	23d. LOCATION CITY OR TOWN Lansdowne,	COUNTY Md STATE
		n C March F/	ADDI	25a. D	DATE REC'D. BY REGISTRAR 256, REGIST	
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DHMH - 16 50M 4/83 (VRA 15, 4)

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DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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H	1-	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYS	GIENE 2	NO A	12	1	
		CEASED NAME FIRST		MIDDLE	- 0	LAST	20. DATE OF DEATH		DAY YEAR	2b HOUR	•
		RICHARD	A		WI	LLIAMS		9	3 84	8:40 PM	
-	3 SE	X	4. RACE		5 DATE	OF BIRTH H DAY YEAR	6. AGE IN YEARS LAST	BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS	
e		Male	Black		8	10 10	74	YRS.	MUNITS DATS	HOURS MIN.	
Ç.		IRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY		TY OF DEATH		•
5		Virginia	USA		WIDOW		Baltimor	City	7	MD.	
	10 CI	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA	TION		thiehem	
2		Sykesville		field Ho		1 Center			- \	eel	
	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS	7111	(0		
5		Maryland		Baltimo		YES NO		North	Avenue		
	14 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA					
0		Thomas	miobit	Willia	ms	Cecelia	MIDDLE		Bould		
		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	82ÎDD	Kevin		-	•
		No	E WAR OR DATES)	213-09-	1651	John T. Will			40.000	nd 21229	
		18 CAUSE OF DEATH (Enter an	ly ane cause per				204	amoz c ,	APPRO	CIMATE INTERVAL ONSET AND DEATH	-
		PART I. DEATH WAS CAUSE	D BY:	toxemia						weeks	
		i i i i i i i i i i i i i i i i i i i		R AS A CONSEQU	ENCE OF					TO CARD	•
		Conditions, if ony, which	(b)	multiple		ıbiti			т	nonths	
		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQU	ence of cerc	tic cardiovas	scular dise	ase		years	
9		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									
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	CAI	190 DATE OF OPERATION 196 CONDITION FO			OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YI	ES, WERE FINDI	NGS USED	
6	RTIF			100			YES NO YES NO			NO 🗌	
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/	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER		M.	19						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	FARM ETC)	21f. LOCATION STREET	CITY OR	OWN	COUNTY	STATE	
-	4	AT WORK NOT WHILE AT WORK									
	Ш	220.1 certify that (I) (this hospit		7	Jaly	5, 19-80	to Septem	per 3,	19.84	that (I) (we) last	•
		saw the deceased alive on obove, (1) (we) (did) (did na			04, 0	nd that in (my) (<u>dir)</u> opinian	death accurred on the	date ond ho	our and fram the	causes stated	
		22b. SIGNATURE				DEGREE	NEDICAL ST		22c. DATE	SIGNED	
						ATTENDING PHYSICIAN [MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🛣	9-	-3-84	
		72d. PHYSICIAN'S NAME ITYPE O		45 T- Ma	tinia	22e ADDRESS					
		Lourdes Nati	viaaa,	м. D.	,	Springfield	Hospital C	enter	Sykesv	ille, Md	
		BURIAL, CREMATION, REMOVAL	23b DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
		Burlal	9/7/19	-	dar H	ill Cemetery			imore,	Maryland	
		Nutter & Sons Fu				63.034	E REC'D. BY REGISTRA			URE.	-
	250	1 Gwynns Falls	Parkway	Baltimo	re, M	21216 SE	P 5 4984	Frekan	Davidson-V	laughter.	

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Do	DECEASED NAME FIRST	WIDDLE	4): HiAMS	20. DATE OF DEATH MONTH	184 11.02 A
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comple	LOUIS	TIRMAN		WIDDIE	PETÊK
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es that the death certificate by the attending physical prices remove carbon pricel, cremation, ar remaining, ar other traumatic even	PART I. DEATH WAS CAUS IMMEDI. Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	Lell CARCINA	212	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF THE PROVINCE
NG PHYSICIAN: The law requirantending physician. After this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to be and mental Hygiene prior to be acked ordern 18 shawy-ony injury arked ordern 18 shawy-ony injury.	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{YES} \)
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OR ATT he hospit DIRECTO tacked fo be Dept. of if hem 21	saw the deceased alive a abave. (I) (we) (did) (did is 27b. SIGNATURE	. Anj Rich	DEGREE ATTENDING PHYSICIAN 22e ADDRESS N.J. (2		27c. DATE SIGNED
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral affects should be detached for use as the busiol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hauring with the State Dept. of Health and Mental Hygene prior to burial, cremation, ar removal.	IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical examiner must be natified or area.	MEDICAL CERTIFICATION
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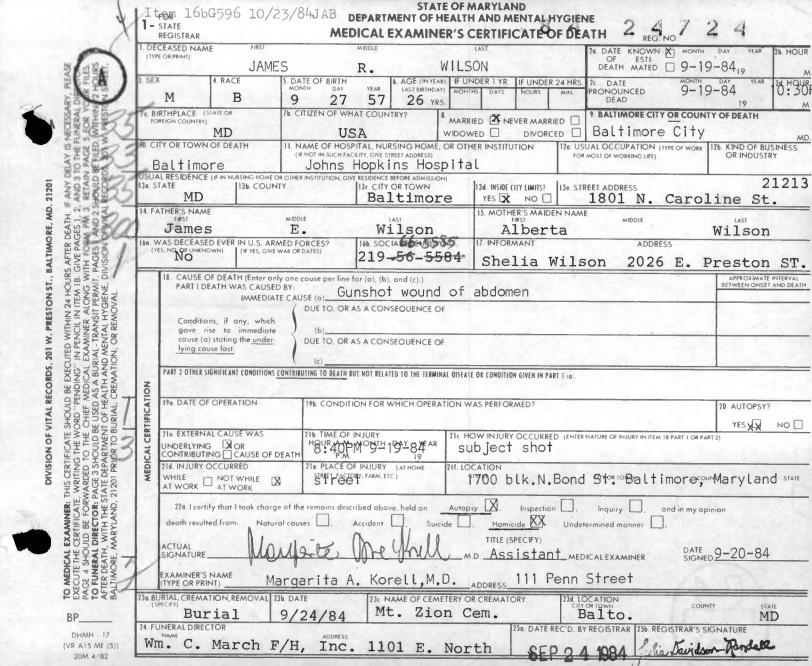
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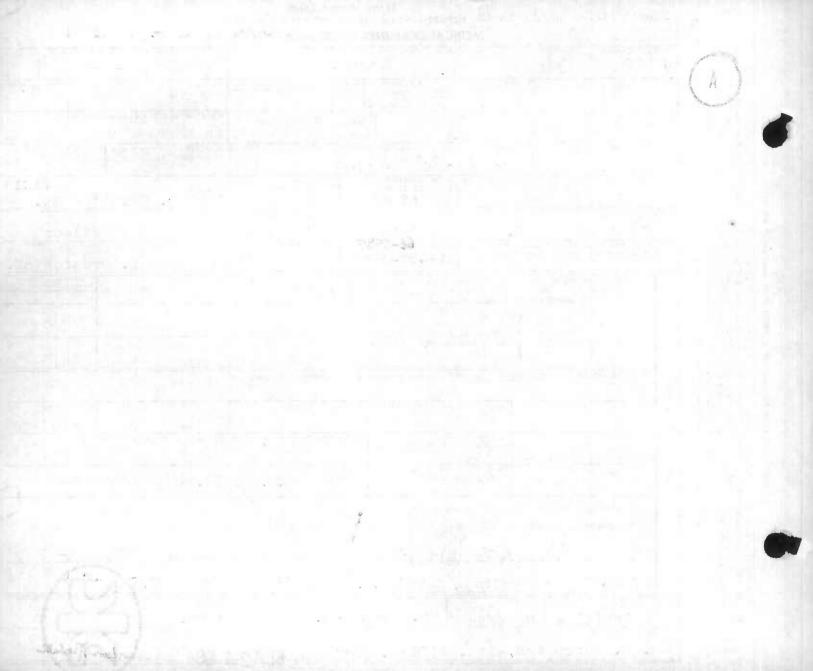
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1	REGISTRAR		CERTII	CATE OF DEATH	REG. NO	O.			
	. DECEASED NAME FIRST	MIDDLE	t.	AST	2a. DATE OF DEATH	MONTH DAY	yE AR	2b. HOU	R
ı	(TYPE OR PRINT) RANDOLF	H B	WIL	415	9	15	84	24	3 PM
3		RACE	5. DATE C		6 AGE (IN YEARS LAST OIR		UNDER I YEAR	IF UNDER 2	
L	MALE	BLACK	MONTH	1993 - 10	64	YRS.	VIHS DAYS	HOURS	MINL
7	O. BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
1	MARYLAND	USA	WIDOWE	D DIVORCED		MORE C			MD.
	0	 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET 		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE STATE OF THE STA		126. KIND C	F BUSINE	SS OR
	BALTIMORE CITY U		MARYL	AND HOSPITAL	RETIRE	0			
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1	60. WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) 11F YES, GIVE W	VAR OR DATEST		17. INFORMANT	ADDRE	:55			
1	INKNOWN	215-12	-1202	CHART	4				
Г	18 CAUSE OF DEATH (Enter only		ind (c).1				BETWEEN	MATE INTER	DEATH
1	PART I. DEATH WAS CAUSED I	CAUSE (0) CARDIG	PULY	10.UARY ARA	REST	17	Imm	EDIA.	K
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4	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	The CONDITION FOR WELL	U COS DATIO	NI WAS BERSORNED	20a AUTOPSY?	20b. IF YES, W	VEDE CINIDA	NOC HEEF	
1	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		IN CERTIFYIN	NG CAUSES	OF DEAT	H?
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		LIGHT A MA MONTELL	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IS PART	T OR PART 2)		
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19						
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Ŧ	THE SIGNATURE OF COM	· Cara	- 4-3-1	DEGREE ATTENDING	MEDICAL STAI	FF.	224. DATE	SIGNED	
4	22d. PHYSICIAN'S NAME	whencen		PHYSICIAN [DIRECTOR PHYSIC	IAN	1112	84	-
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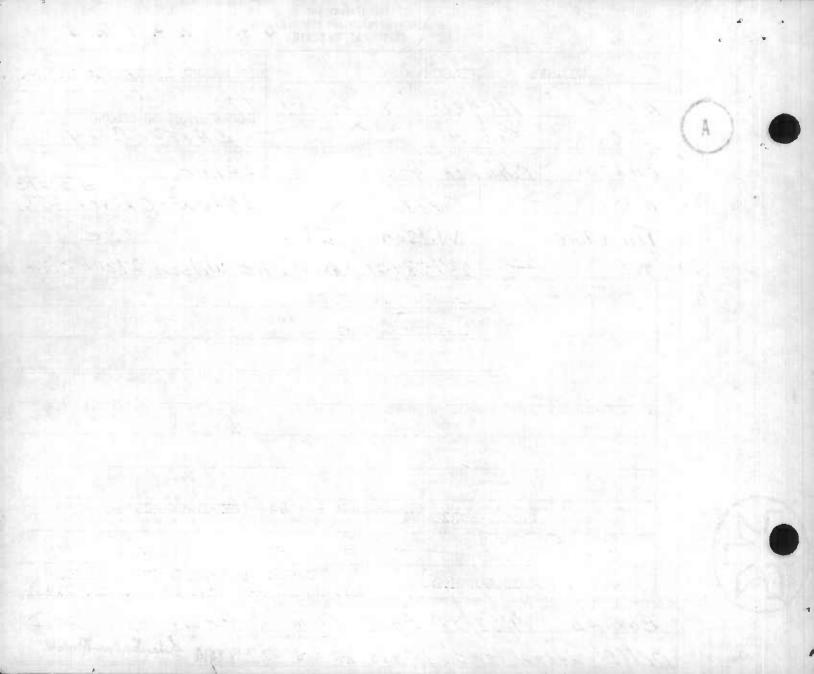




DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH 2h HOUR LTYPE OR PRINTS WILLIE 23 XX1984 WILSON **SEPTEMBER** 2:01Pm M & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 RACE 5. DATE OF BIRTH 3. SEX HOUR5 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR CITY OR TOWN OF DEATH INDUSTRY ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER ARMED FORCES? 17 INFORMANT LIF YES GIVE WAR OR DATEST (YES NO OR UNKNOWN) RETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: CARDIOPULM ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CARDIOMYOPATHY Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 20h IF YES. WERE FINDINGS USED 20a AUTOPSY? 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES T NO [] NO 21g. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 224.1 certify that (1) (this hospital) attended the deceased from SEPTEMBER. saw the deceased alive on SEPTEMBER 231984..., and that in - 10 SEPTEMBER 2 319 84 6. 19 84 and that in (my) (our) apinion death occurred an the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death DEGREE 22c. DATE SIGNED 22b SIGNATURE STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be det with the State IMPORTANT: 27e ADDRESS CHURCH HOSPITAL CORPORATION 22d PHYSICIAN'S NAME TTYPE OF PRINTS ZUCKERMAN M.D. BROADWAY BALTO, MD. 2123 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B3

(VRA 15, 4)

STATE OF MARYLAND



+	2th	1 -	FOR STATE REGISTRAR		DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	3 4	2 A	12	6
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oge					W1	WINF				23 84	6:45P M
Her p		3. SEX	X	4. RACE		5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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Y	100	J0. CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCC	UPATION MOST OF WORKING		F BUSINESS OR
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and	N/C	1	Sneady	Moore	Jackson		Lucy	MI	DOTE	Winfi	
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ERAL DIRE e detached State Dept.	ANT: # Hem		226. SIGNATURE 226. PHYSICIAN'S NAMEDNYP	Pao	lett n	1D r	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR F	STAFF PHYSICIAN X	22¢. DATE	SIGNED
should be with the	IMPORTA		Nei Pa	dgett		NAME OF	VAMC, Baltin	nore, Mar	yland 2	1218	

DHMH - 16 50M 4/83 (VRA 15, 4)

23d LOCATION
CITY OR TOWN
Owings BURIAL 9/28/84 Garrison Forest

 24 FUNERAL DIRECTOR Wm C March F/H Inc. 1101 E North Avenue

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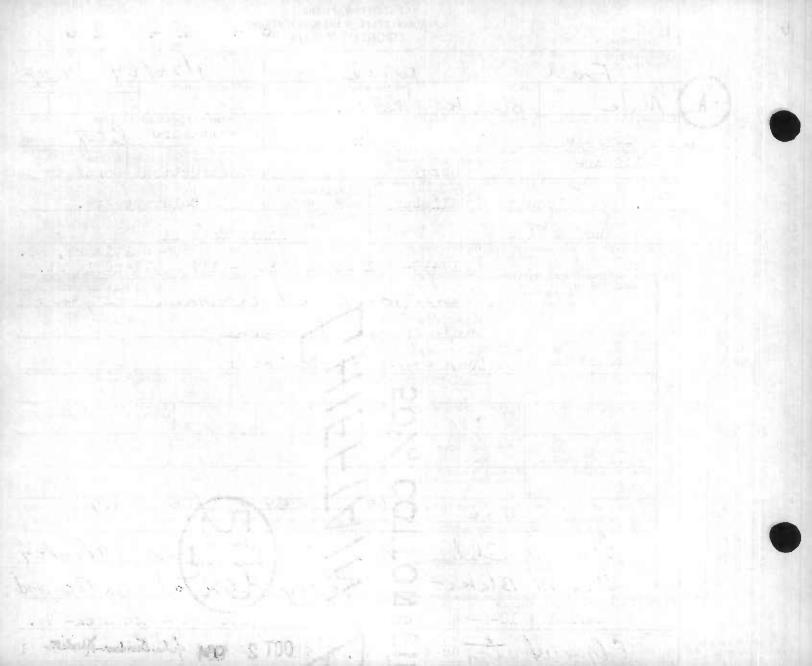
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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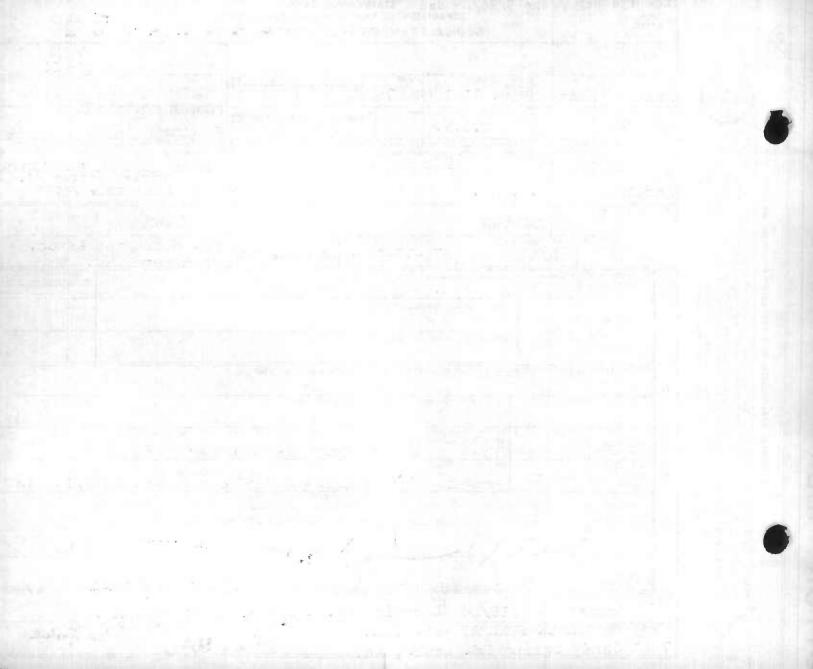
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME LAST 20 DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) Robert M. Mood 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 2 LMP 25-Male White 48 BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Francis Scott Key Med. Center Steelworker Beth Steel Baltimore USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Balto. Dundalk 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland 3808 Edgewater Pl. 21222 NO TA FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Charles Μ. Wood, Jr Anna Cook 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT LIF YES GIVE WAR OR DATEST Yes 219-32-0420 Janet B. Wood same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21a. ACCIDENT WAS UNDERLYING [216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an obove, (Diwe) (did) (did no) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN the Sa 774 PHYSICIAN 22e ADDRESS Ardaiz, M. D. 7838 Eastern Ave. Baltimore, Md. 21224 23a. BURIAL, CREMATION, REMOVAL 23t. NAME OF CEMETERY OR CREMATORY 236 DATE Burial 9/17/84 Sacred Ht. of Jesus Dundalk Balto., Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Duda-Ruck, inc. 7922 Wise Ave Balto 212225 1 the Daydon Bindas (VRA 15, 4)

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	AV SN		Baltir		(IF NOT IN SUCH FAC	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) niversity H	, OR OTH	ER INSTITU			UPATION (TYPE (Race C	RY
21201	ANY DE WND 3 TO RETAIN COULD B RECORD	1130 S	RESIDENCE TATE TYland	(IF IN NURSING HOME O		RESIDENCE BEFORE ADMISSE Laurel		13d. INSIDE (NO EX			Trac	Rottom	DA.
E. MD.	PATH P	No.	THER'S NAME		NKNOWN	LAST			ER'S MAIDE	N NAME	IKNOWN		LAST	R-
BALTIMORE, MD.	AFFE DE	16a V {Y	VAS DECEASEI ES_NO, OR UNKNO NO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY 578-18-1		Dan			Horse timore			г.
W. PRESTON ST.,	TED WITHIN 24 HOURS N PENCIL IN ITEM 18 XAMINER ALONG W AL TRANSIT PERMIT MENTAL HYGENE, DI N, OR REMOVAL.	>	PARTIDE 8 Condition gave ris	ath was cause MMEDIA and the to immediate stating the under-	TE CAUSE (a)	for (a), (b), and (c).) Cranio C AS A CONSEQUENCE (OF .	ral tı	rauma				APPROXIMATI BETWEEN ONSE	INTERVAL J AND DEATH
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•	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR- TO FUNERAL DIRECTOR: AFTER DEATH, THE THE BAHTIMORE, MARYDAND.		22a I certif deoth resulte ACTUAL SIGNATURE EXAMINER'S	ed fram: Natu	ral causes .		Autap	, Hamid		Undetermined MEDICAL EX	manner .		9/14/8	4
	TO ME EXECUTE PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAG	23a.B	(TYPE OR PRIN	TION, REMOVAL		23c. NAME OF CEA	AETERY O		ORY	Penn St	1	COUNT	IV 67	ATE
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	(VR A15 ME (5)) 20M 4/B2	76	501 Sa	ndy Spi	ring Rd.	Laurel, M	d.		SE	200	14	A STATE OF THE STA		10



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

		STATE OF MARYLAND		
FOR	DEPAR		HYGIENE 9	4733
REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
CEASED NAME FIRST	MIDDLE	£AST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
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X /	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER TYEAR IF UNDER 24 HR
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ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL NUR			imore City ON 126 KIND OF BUSINESS O
	(IF NOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS)	(TYPE OF WORK FOR MOST O	WORKING LIFE) INDUSTRY
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		CURIT NO. 17 INFORMANT	ADDRE	55
125,110 01 01111101117		Mr.James	1,10/1/2928	BOAR MANANC. 213
18 CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b),	ond (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PART I. DEATH WAS CAUSE	TE CAUSE IO Cardior	espiratory Arrest		Minutes
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Conditions if any which			cinoma to bna	in August '8
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underlying couse lost.				August, 18
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19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	70a AUTOPSY?	206. IF YES, WERE FINDINGS USED
			VEC CI NOCI	IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS LINDERLYING T	7 216 TIME OF INTURY	71r HOW INJURY OF		
			COMMED (ENTER PARTOR OF 1930)	(The new to rack to service)
		19		
	(AT HOME, STREET, FACTORY, OFFIC	E FARM, ETC) STREET	CITY OR TO	WN COUNTY STATE
AT WORK AT WORK		Market Tolder		
220 I certify tho XX (this hosp	ital) attended the deceased from	August_22,19	84 to Septemb	er 3019 84 , that ox (we)
sow the deceased alive or above, (X(we) (didXXXX)	September 30 19	and that in xxx (our) op	inion deoth occurred on the do	ate and hour and fram the couses stated
22b. SIGNATURE	499	DEGREE		771 DATE SIGNED
	to A for	ATTENDIN PHYSICIA	NG MEDICAL STAF	IAN 10/1/84
(Grant &				
226 PHYSICIAN'S NAME (TVILL)	Delivered	77e ADDRESS		
			Manual and Comm	al Magnital
Timothy J.	LOW, M.D.	c/o N	Maryland Gener ORY 1234 LOCATION	al Hospital
	LOW, M.D.	C/O M		al Hospital
Timothy J.	LOW, M.D.	R. NAME OF CEMETERY OR CREMAN		n county Gnotifate
X X X X X X X X X X X X X X X X X X X	STATE REGISTRAR TEASED NAME OR PRINT) WILLIA WILLIA REGISTRAR WILLIA WILLIA REGISTRAR WILLIA WILLIA REGISTRAR WILLIA REGISTRAR WILLIA REGISTRAR WILLIA REGISTRAR REGISTRAR	STATE REGISTRAR ECASED NAME ORPRINT) WILLIAM A. RACE RIHPLACE, ISTAILE OR FOREIGN TY OR TOWN OF DEATH ALTESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BETTAL THER'S MAME FIRST VAS DECEASED EVER IN U.S. ARMED FORCES? ISTATE ISTATE ISTATE WILLIAM WILLIAM IT OR TOWN OF DEATH ALTESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BETTAL THER'S MAME FIRST WAS DECEASED EVER IN U.S. ARMED FORCES? ISTATE IN YES, GIVE WAR OR DATES) IS CAUSE OF DEATH IENTER ONLY ON A CONSECUTION WAS DECEASED EVER IN U.S. ARMED FORCES? IS YOR YOU VAS DECEASED EVER IN U.S. ARMED FORCES? IS YOR YOU WHILE CONDITIONS CONTRIBUTIONS TO OR AS A CONSECUTION IN DUE TO, OR AS A CONSECUTION THE OR OF OPERATION IN DUE TO, OR AS A CONSECUTION THE OR OF OPERATION IN DUE TO, OR AS A CONSECUTION THE OR OF OPERATION IN DUE TO, OR AS A CONSECUTION THE OR OF OPERATION IN DUE TO, OR AS A CONSECUTION THE ORDER OF OPERATION IN DUE TO, OR AS A CONSECUTION THE ORDER OF OPERATION IN DUE TO, OR AS A CONSECUTION THE ORDER OF OPERATION IN DUE TO, OR AS A CONSECUTION THE ORDER OF OPERATION IN DUE TO, OR AS A CONSECUTION THE CONDITION FOR WHILE THE ORDER OF OPERATION IN THE ORDER OF OPERATION THE ORDER OF OPERATION IN THE ORDER OF OPERATION THE OPERATION OF THE OPERATION THE OPERATION OF THE OPERATION	TEASED NAME OR PRINT) WILLIAM WOODD TY OR TOWN OF DEATH ALTER'S NAME ALTER'S NAME VAS DECEASED EVER IN U.S. ARMED FORCES? IS AUSE OF DEATH (Enter only one couse per line for (o), (b), ond IC) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE DO LATION OR STREET ON STREET IMMEDIATE CAUSE OF DEATH COUNTY ON OR STREET ON OR STREET ADDLE VAS DECEASED EVER IN U.S. ARMED FORCES? IS AUSE OF DEATH (Enter only one couse per line for (o), (b), ond IC) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE UNDERLYING CONTRIBUTING COUSE OF DEATH (BETTING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE UNDERLYING COUSE OF DEATH (BETTING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE UNDERLYING COUSE OF DEATH (BETTING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE UNDERLYING COUSE OF DEATH (BETTING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING CAUSE OF DEATH (BETTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTION CONTRIBUTION OFFICE FARM. ETC.) FIGURAL CONTRIBUTION COURSED TIGHT CONTRIBUTION COURSED TO WHILE AND WAS CONTRIBUTED TO THE CONTRIBUTION OFFICE FARM. ETC.) TO WHILE AND WAS CONTRIBUTED TO THE CONTRIBUTION OFFICE FARM. ETC.) TO WHILE AND WAS CONTRIBUTED TO THE CONTRIBUTION OFFICE FARM. ETC.) TO WHILE AND WAS CONTRIBUTED TO THE CONTRIBUTION OFFICE FARM. ETC.) TO WHILE AND WAS CONTRIBUTED TO THE CONTRIBUTION OFFICE FARM. ETC.) TO WHILE AND WAS CONTRIBUTED TO THE CONTRIBUTION OF THE CONTRIBUTION OFFICE FARM. ETC.) TO STREET FARM CONTRIBUTED TO THE CONTRIBUTION OFFICE FARM. ETC.) TO WAS CONTRIBUTED TO THE CONTRIBUT	TEASED NAME FREST WILLIAM WOOD BY WILLIAM W

DHMH - 16 50M 4/83 (VRA 15, 4) A STATE OF THE PARTY OF THE PAR

C March F/H Inc. 1101 E North Avenue

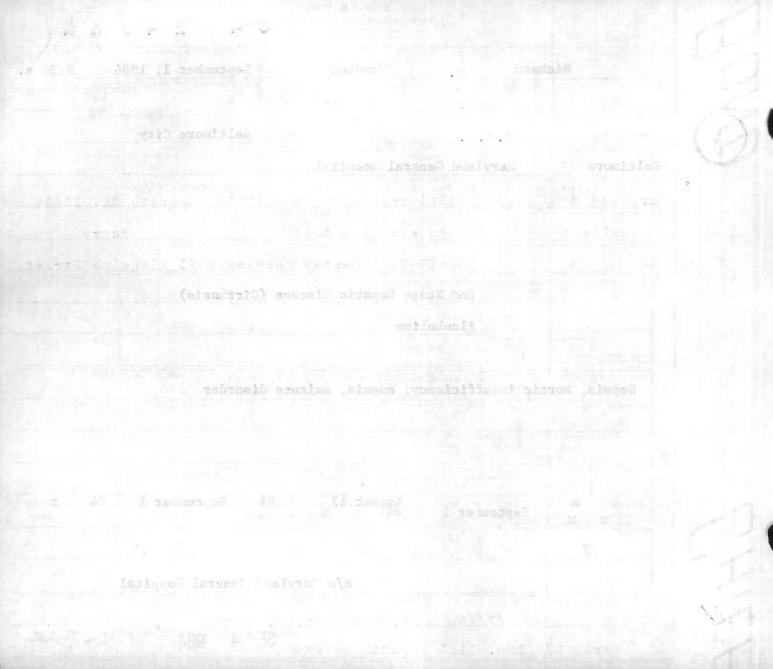
- STATE

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



4	and the same of th		STATE OF MAKTLAND			
1	FOR STATE REGISTRAR	DEPARTMEN	IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	REG. NO	4 1 3	5
	DECEASED NAME FIRST	MIDDLE	WRIGHT		9 - 25 - 84	26. HOUR
	Female	A. RACE S. BLACK	DATE OF BIRTH VALUE OF BIRTH DAY YEAR 19	6. AGE (IN YEARS LAST BIRT	HDAY IF UNDER 1 YEAR MONTHS DAYS	HOURS A
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200	Trusthorn	Orange LAST	15. MOTHER'S MAIDEN NA. Hester	Pe MIDDLE	arson	т
ovol.	60 WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) IF YES, GIVI	MED FORCES? 166 SOCIAL SECURITE SEWAR OR DATES! 217-88-	36) Catherin	e Wright	ss 2700 W.La	yfaye
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State Dept. of Health of NAT: If them 21 is marke	AT WORK AT WORK	oi) oftended the deceased from \$\frac{2}{3} \tag{2} \tag{5} \t	1 25 , 19 84	MEDICAL STAF	ote and hour and from the	
APOR THE	Mattiew 30. BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAA	Lethers of CREMATORY	Brospill 1	730 Ashbu	tenst
	Burial	10-1-84 Ce	dar Hill Cem.	Baltim		Md. STAT
50M 4/82 5, 4)	Thas A FSP.	A 1300 Eutaw Pl	250. DAT	T 2 1984	256 REGISTRAR'S SIGNAT	Mandel

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	1			STATE OF MARYLAND		
10	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 2 2 4	136
- 1		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
a e	I	KATH	(4N) Duckett	YAINCHUK	September 2	6 1884 5:37 PM
ow Z	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
A A	1	Female	white	MONTH DAY YEAR	72 YRS.	MONTHS DAYS HOURS MIN.
80	20 B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8:	9 BALTIMORE CITY OF COUNTY	OFDEATH
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he funero within 72	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
of the off	10	baltimore, MD	(IF NOT IN SUCH FACILITY, GIVE STREET	TADDRESS)	TYPE OF WORK FOR MOST OF WORKING LIE	7-1 . 1
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= 20 =	14. F	ATHER'S NAME	MIDDLE LAST L	15. MOTHER'S MAIDEN I	NAME	LAST
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dicol		WAS DECEASED EVER IN U.S. AI			ADDRESS	
n and c	19	YES, NO OR UNKNOWN) WYES, GI	245-09	-8154 Mr. Philli	ip Yanchuk Same a	s #13
ficate b physicio popers noval.		18 CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), a	· - · · · · · · · · · · · · · · · · · ·		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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hos hos	ΙĔ					FYING CAUSES OF DEATH?
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SICIAN ng phy certific niol-tru them 1		OR CONTRIBUTING CAUSE OF DE	AIR	DAY YEAR		
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Afr marr			ital) attended the deceased from	5 PT 11 19 8	19 10 SEAT 26	19 8 7 , that (h(we) last
TEN TO SO OF THE SE IS			Sout 26 19	20 M	an death occurred an the date and hou	
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0 % 5 % X	730	BURIAL CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR	23d LOCATION	
BP	1	(SPECIFY)	0/20/4001 5		nc. (atonsville, Bo	STATE MY STATE
		UNERAL DIRECTOR		11 21 225 150. E	DATE REC'D. BY REGISTRAR 256. REGIST	TRAR'S SIGNATURE
DHMH - 16 50M 4/B3 (VRA 15, 4)	m	Cully Funeral	Homes 237 E. Pa	tapsco Ave.	OCT 1 1001 Gulia	Varidron Rando Do
(AUV 12' 2)	1116	Luciul I breedla. 1	1011es 2)/ (. 1a	aupsco rive.,	1011 9041	The state of the s

DEPARTMENT OF HEALTH AND MENTAL HYGIENE + STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 7s. DATE OF DEATH WCMTH 75 HOUR THRE OR HEHITS 1.5EX A. RACE AGE (INVENTAGE BRIDGE) EXECUTE LABOR # HNDER D4 HITS YEAR WICHTH 1898 76 CITIZEN OF WHAT COUNTRY? # BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ESTATE OF FOREIGH COUNTER MARRIED NEVER MARRIED ALTIMORE DIVORCED [Ttalv WIDOWED 8 CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17% KIND OF BUSINESS OR (P NOT by SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY St. Agnes Hospital Housewife HOUAL RESIDENCE IN MUSING MAN DE CHORNE MAINLINGS IDESTREET ADDRESS / ZIP CODE Balto., Md. 10x CITY OR TOWN Ral to 1136 Baker Md 4. FATHER'S NAME 13 MOTHER'S MAIDEN NAME 1467 PRINCE MEDIA MIDDLE AASF Antonio apparell Josephine te WAS DECEASED EVER IN U.S. ARMED FORCES? Baker Ave. THE SOCIAL SECURITY NO Balto..Md. 1755 NO DE UNENCIVAL OF REAL GIVE WAS OR DATEST #21207 A. Yanuzzi William SETWISH ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY SUBARACHNOID HEMORRHAGE IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF THEROSCLEROUS Conditions, if any, which gove rise to immediate couler (a), starting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED No AUTOPSY? 70h IF YES, WERE FINDINGS USED WE DATE OF OPERATION IN CERTIFYING CAUSES OF DEATHT VES TZ NO IT 21b TIME OF INJURY THE HOW INJURY OCCURRED. (LINES HATURE OF PRICES IN TEN 18 PART 1 DRIFFEET 2) 21e ACCIDENT WAS UNDERLYING: [] MONTH HOUR A.M. DAY YEAR ON CONTRIBUTING [] CAUSE OF DEATH MEDICAL IN EITHER NOTET MEDICALERAMINERS P.M. 19 THE INJUNY OCCURRED 21st PLACE OF INJURY 211 LOCATION CITY OF YORK COLEGY 10475 AT HOME STREET, FACTORY, OFFICE TABLE BY ALWON . NOTWING 12s.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive an above, (I) (we) (did) (did out) view the body after and that in (my) (our) opinion death accurred on the date and hour and from the course stated 77h SIGNATORE DEGREE THE DATE SIGNED ATTENDING MEDICAL mus PHYSICIAN DIRECTOR PHYSICIAN (226 PHYSICIAN'S NAME TYPE OF PRINT 77e ADDHESS P f , m.D 23e. BURIAL, CREMATION, REMOVAL DATE DATE 23E NAME OF CEMETERY OR CREMATORY VARIETARIO CITY OR TOWN STATE 9-19-84 Meadowridge Cem Burial Md. Howard 5151 Balto. Nat'l. Pike 250. DATE REC'D. BY REGISTRAR 251, REGISTRAR'S SIGNATURE G. Truman Schwab DHMH - 16 50M 4/83 (VRA 15, 4) #21229

STATE OF MARYLAND

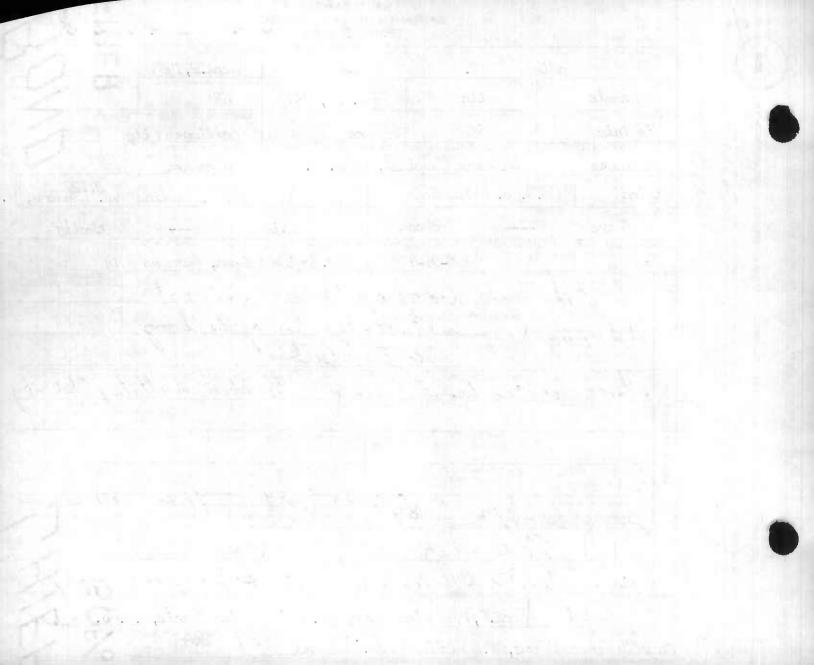
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B A		OB 88 (c. 1)	adie		MIDDLE		rtes		20. DATE OF DEATH		DAY YEAR	26 HOUR
tor, poge	3. SE		_	4. RACE Whi	te.	S. DATE		1895	Sept. 2, 6. AGE (IN YEARS LAST B	IRTHDAY}	IF UNDER 1 YEAR	R # UNDER 24 HRS HOURS MIN.
eoth. Page eral direc n 72 hours	16	RTHPLACE (STATE OR FORE	IGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MA		9 BALTIMORE CITY Baltino		OF DEATH	l l
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be execut		VAS DECEASED EVER IN (ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	228-01-1		17. INFORMAN		Lawson, Sai		# 13	XIMATE INTERVAL
we requires that the death certific been signed by the attending phymit. Then please remove carbon parior to buriol, cremation, or remony injury, or other froumatic even	ATION	Conditions, if any, w gave rise to immed couse (o), stating	hich liote the last.	DUE TO, CO DUE TO, CO DUE TO, CO ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	eng.	9	inal disease or co	well	VEN IN PART I	960 SUY
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TO HOSPITAL OR ATTI retoined by the hospit TO FUNERAL DIRECTO should be deteched for with the Store Dept of IMPORTANT: If hem 21	23e E	obove, (I) (well (did 77b. SIGNATURI 224 PHYSICIAN'S NAME WILL CREMATION, REA	live din	Ch	Albre	Vue .	DE GREE AT PH 274 ADDRESS	TENDING AYSICIAN IN	MEDICAL DIRECTOR PHYS			E SIGNED
BP	(Burial		Sept.6			en Mem.	Park		nie, 1.	S.CO.M	TOLL STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR Willy Funera	L. Ho	ome Mt.	& Tichner	k Rd	d. 21122	250. DATE	PE 7. BY RE 984	R 256 REGIST	JOUNS SHOWN	VURE



DHMH - 16 50M 4/83 (VRA 15, 4) CERTIFICATE OF DEATH

REG. NO

REGISTRAR 256, REGISTRAR'S SIGNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	io.	4	
	CEASED NAME EIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
(11)	EDWAR		JOHN	YOUNG	The second of		9 - 22	- 84	7:38 A
3. SE	Х	4. RACE		5. DATE C		6 AGE INYEARS LAST BI	RTHDAY) IF U	JNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	MALE	WHITE		9	- 2 - 1911	73	YRS.		
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH	
M	IARYLAND	U.S		WIDOWE	DIVORCED [ORE CIT	-	MD.
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- 25	NATIMORE CITY		GNES HOSI			SALES MANA	.GER	RETAI	L-PAINT
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lóa.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECTION 212-05-2		CHARLES R. K	ADDR ELLER 515 C		21228 D. BAL	TO. MD
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	22e. I certify tha (I) (this has saw the deceased alive a above, (I) (we) (did) (did r	oital) ottended the Sep.	e deceased from 2 2 19 after death.	84.0	nd that in my (our) opinion o		ote and hour on	nd from the co	
	226. SIGNATURE 226. PHYSICIAN'S NAME TYPE	OR PRINTI	Lee		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	CIAN	Sep.	22/p4
	Lee,	Moon			St. Ag		ospit	(a)	
23a.	BURIAL, CREMATION, REMOVA (SPECIFY) burial	236. DATE 9724			RIDGE CEMETER			YLAND	STATE
	LEROX PIMCTOR RUSS		MODIF 33		HOMES 250 DATE	P 2. 6. 1984	25h REGISTRAR	dson-R	andell.

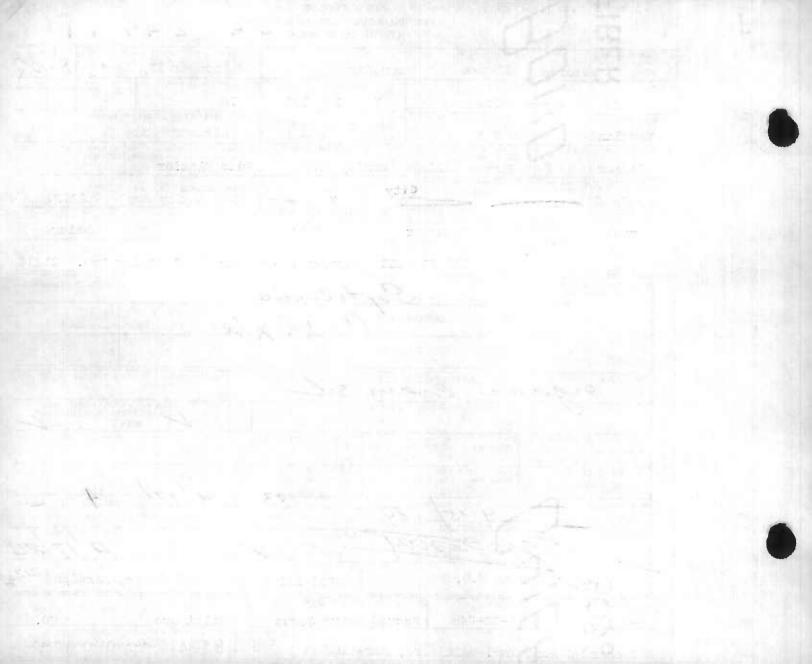
1630 EDMONDSON AVENUE BALTIMORE MD. 21228

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use os with the State Dept. af Health IMPORTANT: If Irem 21 is mar

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	4	STATE REGISTRAR			CERTIF	ICATE OF DEATH	,	REG. NO.	, ,,,	•
		DEASED NAME FI	RST	MIDDLE	4.	ASI	20 DATE OF DE	ATH MONTH D	AY YEAR	h HOUR
	fille	Geor	ge Thom	as y	Youngh	ar	Septer	mber 17, 1	1984	8.10
	3. SEX	(4 RACE		5. DATE C		6. AGE IN YEARS			FUNDER 24 F
	1	Male	White		MONTH 7	24 1908	76	YRS.	ONTHS	HOURS
1/2		RTHPLACE (STATE OR FORE)	GN /16 CITIZEN OF	WHAT COUNTRY?	B ALADDIE	D X NEVER MARRIED	9. BALTIMORE	CITY OR COUNTY	OFDEATH	
20		Maryland	USA		WIDOWE		Balt.	imore City	y	
lo l		TY OR TOWN OF DEATH altimore	(IF NOT IN SUC	HOSPITAL, NURSING HEACHTY, GIVE STREET POR Village	ADDRESS)	or OTHER INSTITUTION	120 USUAL OCI (TYPE OF WORK FO Auto G.	R MOST OF WORKING LIFE	12b. KIND OF INDUSTRY	BUSINESS
かりり		AL RESIDENCE IF NURSING I	COUNTY Baltimore	GIVE RESIDENCE BEFOR	affect the age	13d. INSIDE CITY LIMITS? YES NO.		DRESS / ZIP CODE Bagley Ave	21	234
131	14. FA	THER'S NAME Frank	WIDDLE	Youngbar	r	15. MOTHER'S MAIDEN NA FIRST Mary		MODLE	Ba:	ler
S C		VAS DECEASED EVER IN L	J.S. ARMED FORCES? FYES, GIVE WAR OR DATES	166 SOCIAL SECU	JRITY NO.	17. INFORMANT		ADDRESS		
age of		NO.	TES, GIVE WAR OR DATES	216 32 8	3923	Margaret You	ungbar '	7601 Bagle	ey Ave.	212
0			the ast. (c)	R AS A CONSEOU					641	
vs any injury, ar of	FICATION	PART 2 OTHER SIGNIFIE	ranic	Bro	ain	NOT RELATED TO THE TERM	20a AUTOPS	Y? 20b. IF YES, IN CERTIFY	, WERE FINDING YING CAUSES O	FDEATH
S. C. C.	ERTIFICATION	19a. DATE OF OPERATION	196 COND	B-1	ain	S S N WAS PERFORMED	200 AUTOPS	Y? 206. IF YES, IN CERTIFY YES	WERE FINDING	
1	AL CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	19b COND 19b TIME COND	B TION FOR WHICH	OPERATION AY YEAR	5d	200 AUTOPS	Y? 206. IF YES, IN CERTIFY YES	WERE FINDING	FDEATH
2	1	19a. DATE OF OPERATION	19b COND 19b TIME COND	ITION FOR WHICH OF INJURY M. MONTH D M.	OPERATION	S S N WAS PERFORMED	200 AUTOPS YES N	Y? 206. IF YES, IN CERTIFY YES E OF INJURY IN ITEM 18 PA	WERE FINDING YING CAUSES C	NO D
or them 18 shows	MEDICAL CERTIFICATION	190. DATE OF OPERAUON 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IS EITHER, NOTIFY MEDICALE 21d. INJURY OCCURRED	I 196 COND I 196	ITION FOR WHICH OF INJURY M. MONTH D M.	AY YEAR	N WAS PERFORMED	200 AUTOPS YES N	Y? 206. IF YES, IN CERTIFY YES	WERE FINDING	NO D
18 shows ony ir	1	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERNOR CONTRIBUTING CALL (# ETHER, NOTEY MEDICALE 21d. INJURY OCCURRE WHILE AT WORK 22a. I certify that (1) (this	IN 196 COND ING 216 TIME COND E OF DEATH XAMINER) P. 21e PLACE A HOME STI	B-ITION FOR WHICH DE INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, I	AY YEAR 19 FARM ETC)	N WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPS YES N RED (ENTER NATUR	Y? 206. IF YES, IN CERTIFY YES E OF INJURY IN ITEM 18 PA	WERE FINDING CAUSES C	STA
if Hem 21 is morked or Hem 18 shaws	1	218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (# ETIMER, NOTEY MEDICALE 21d. INJURY OCCURRED WHIE NOT WHIE AT WORK NOTEY MEDICALE Sow the deceased a obove, (1) (was table) 22b. SIGNATURE	I 196 COND I 196	B-ITION FOR WHICH DE INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, I	AY YEAR 19 FARM ETC)	N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET , 19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPS YES N RED (ENTER NATUR	Y? 206. IF YES, IN CERTIFY YES E OF INJURY IN ITEM 18 PA	WERE FINDING CAUSES C	STA
or frem 18 shaws	1	218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (# ETIMER, NOTEY MEDICALE WHILE NOT WHILE AT WORK NOT WHILE SOW the deceased o obove, (1) (wood door) 228. SIGNATURE	IN 196 COND ING 216 TIME COND E OF DEATH XAMINER) 21e PLACE (AI HOME STI Indication of the body IN Nguyen M.	OF INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE, I	AY YEAR 19 FARM ETC)	21c. HOW INJURY OCCUR 21l. LOCATION STREET 19 8 3 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22c. ADDRESS 6331 Belai	200 AUTOPS YES N RED (ENTER NATUR c deoth occurred of MEDICAL DIRECTOR	Y? 206. IF YES, IN CERTIFY YES E OF INJURY IN ITEM 18 PA HY OR TOWN In the dote and hour STAFF PHYSICIAN Baltimore	COUNTY	STA' NO STA' STA' OUT (I) (ME
if them 21 is marked or them 18 shaws	WEDICAL MEDICAL	218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (# ETIMER, NOTEY MEDICALE WHILE NOT WHILE AT WORK NOT WHILE SOW the deceased o obove, (1) (wood door) 228. SIGNATURE	ING 21b TIME COND HOUR A. XAMINER) 21e PLACE (AI HOME STILL HO	OF INJURY M. MONTH D M. MONTH D M. MOTH D M. M	AY YEAR 19 FARM ETC.)	211. LOCATION STREET 211. LOCATION STREET ATTENDING PHYSICIAN 22e. ADDRESS	200 AUTOPS YES N RED (ENTERNATUR CO deoth occurred of DIRECTOR N	Y? 20b. IF YES, IN CERTIFY YES E OF INJURY IN ITEM 18 PA ITY OR TOWN STAFF PHYSICIAN Baltimore	COUNTY	STATI NO STATI STATI OUT (I) (MC)



D	100	FOR STATE REGISTRAR		MENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	REG. NO.	142
		OR PRINTI Leonid	AIDDLE Z	rayra	hichry	20. DATE OF DEATH MONTH	14 84 7 15 A
	3. SE)		Concasian	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
27	b	RTHPLACE (STATE OR FOREIGN OUNTRY) (76 CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN (19 NOT, IN SUCH FACILITY, GIVE STREET.	WIDOWE		BALTIMORE 12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	CITY M
35	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP MARYLAND THER'S NAME	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c CITY OR TOW BALTIMOR	N	13d. INSIDE CITY LIMITS' YES (X) NO [] 15 MOTHER'S MAIDEN	5715 PARK HTS	. AVE. 21215
30		ABRAHAM VAS DECEASED EVER IN U.S. AR LES NO OR UNKNOWN) (IF YES, GN	ZAGRANICHI (MED FORCES? 166 SOCIAL SECU (YE WAR OR DAIES) NONE		RAZA 17 INFORMANT 8839 SIGRID	RUDOLPH ZAGRANIO RD. RANDALLSTO	
		Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost.	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING TO	BRO PANOE ENCE OF	A-SC	AR ACCIDED UD.	YEARS.
2	CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE				YES NOW INC	IF YES, WERE FINDINGS USED CERTIFY ING CAUSES OF DEATH? YES NO (
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINES 21d, INJURY OCCURRED WHIE NOT WHIE AT WORK AT WORK AT WORK 22a 1 certify that (I) (this hospi	P.M. 21e. PLACE OF INJURY (AT HOME STREEL FACTORY, OFFICE, F	ARM ETC)	DEGREE		county state , 19 84, that (I) (we) for d hour and from the couses stated 22c DATE SIGNED
14	7	224 PHYSICAN'S NAME TYPE OF BOX ZAW WIN,			PHYSICIAN 220 ADDRESS LEVINDAD	E - BALTO. MD	
	23 a . E	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL			EMETERY OR CREMATOR	23d. LOCATION BALTIMORE	MARYLAND

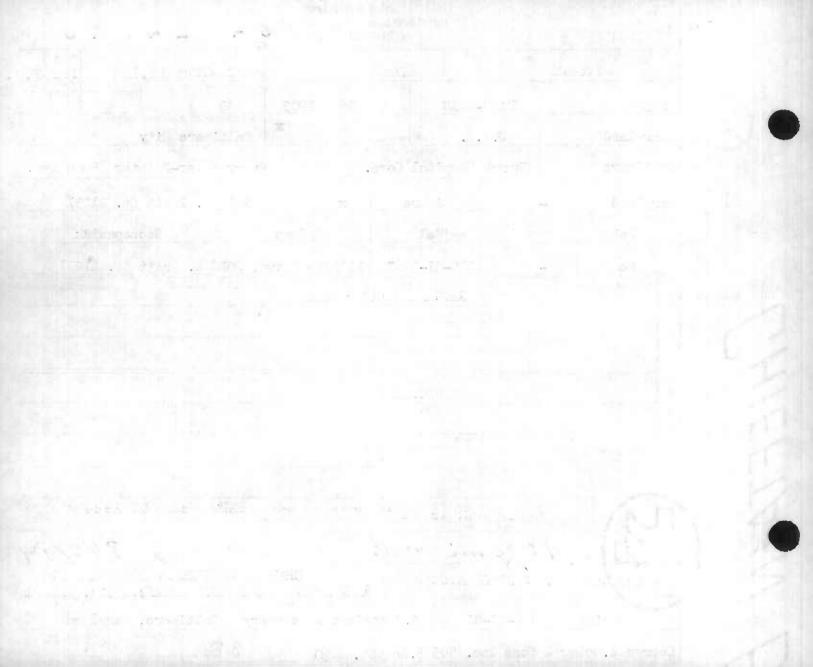
DHMH - 16 50M 4/83 (VRA 15, 4)

74 FUNERAL DIRECTOR SOL LEVINS 6010 REISTERSTOWN RD. SOL LEVINSON & BROS., INC. BALTO., MD 21215

MARYLAND 250 DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE Fully Davidson-Rondon

Let The second the second to t THE COUNTY OF ST. LEWIS CO. 31 14 6 AND AND THE TRANSPORT OF THE PARTY OF THE PA MANAGEMENT AND CARREST OF THE CARRES

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 28 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINTS FRANK ZAJDEL SEPTEMBER 12,1984 IF UNDER TYEAR 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH MALE CAUCASTAN 1903 16 Ta. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 5 Maryland Baltimore City WIDOWED DIVORCED [CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Church Hospital Corp. ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Paperhanger-Painter Home Imp. USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Baltimore 2028 E. Pratt St. 21231 YES TO NO 1 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST ANDDLI John zajdel Rose Szczepaniak ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 219-01-3463 Lillian Brown. 2028 E. Pratt St. 21231 No 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).) PART I. DEATH WAS CAUSED BY RESPIRATORY FAILURE IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION PNEUMONIA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO F Hygie 210, ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) P M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE LAT HOME STREET FACTORY, OFFICE, FARM ETC I NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 3ULY 5 sow the deceased alive oSEPTEMBER 12,984 and the and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, []) (we) [did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED emi n. P. old be deto PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22e ADDRESS CHURCH HOSPITAL CORPORATION NAZEMI M.D. di v LOO NORTH BROADWAY BALTO. MD. 0 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION 9-15-84 St. Stanislaus Cemetery Baltimore, Maryland Burial BP. 250 DATE REC'D. BY REGISTRAR 200 REGISTRAR'S SIGNATURE SEP 1 3 1001 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 George A. Weber & Sons Inc. 705 S. Ann St. 21231 (VRA 15, 4)





STATE OF MARYLAND

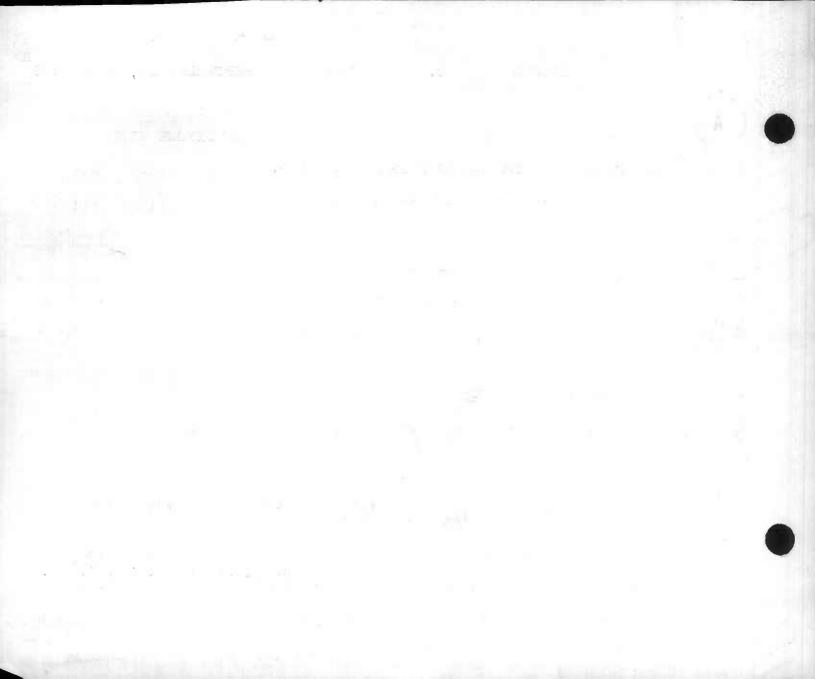
FUNERAL HOME

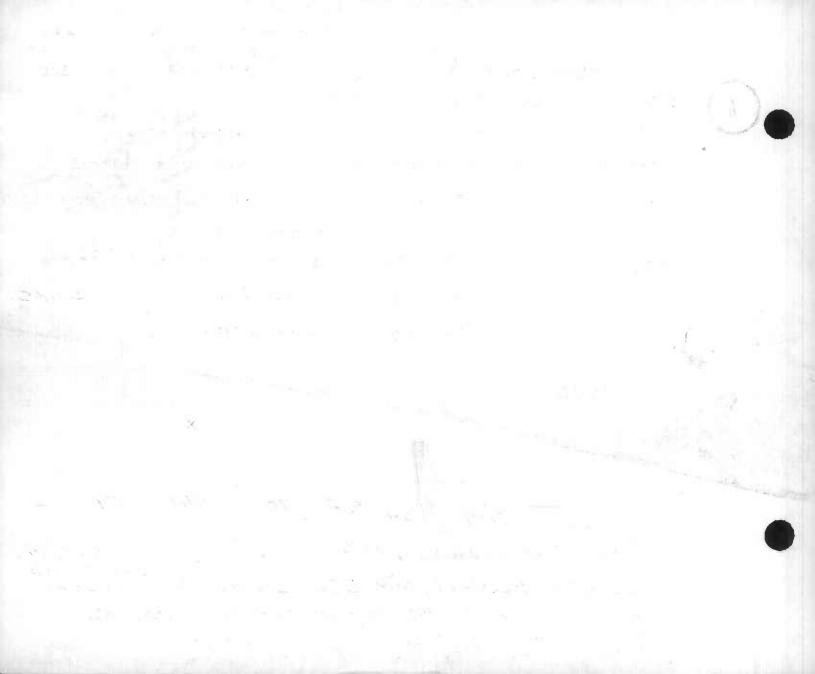
FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	49	1	A	1
REG. NO.	-	1	Sing	2

101		REGISTRAR							REG. N	O. '			
1		CEASED NAME OR PRINT)	FIRST ROLAN		C.		ZILE		SEPTEMBE		. 1984	26. HOUR A 2:53	
1	3. SEX	,	ROLAND C.			5 DATE			6. AGE (IN YEARS LAST BIR	IF UNDER I YEAR	IF UNDER 24 HRS		
	J. 3EA	Male		whi	te	MONI 12		YEAR 1912	71	YRS.	MONTHS DAYS	HOURS MIN	
2		RTHPLACE (STATE OR DUNTRY) Md	FOREIGN 76	CITIZEN OF W	HAT COUNTRY?	8. MARRIE WIDOW	D NEVER		9. BALTIMORE CITY OF BALTIMO	R COUNT		MD	
3		TY OR TOWN OF DEALTIMORE	ATH 11		OSPITAL, NURSII OHNS HC	NG HOME	OR OTHER INS	TITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST C truck d	F WORKING L	IFE) INDUSTRY	F BUSINESS OR	
2	30. S	Md	136 COUNTY		IN RESIDENCE BEFOR Westmi	VN .	120	NO 🗍	13e STREET ADDRESS			157	
1	FA	Rüssel:	l Wnî	DDiE	Zile			s MAIDEN NA/	WE	91	Nusbä	lum	
2		VAS DECEASED EVER	IN U.S. ARME	VAR OR DATES)	166 SOCIAL SECT 213-16-		I7. INFORM		b Zile l	ss 3 e			
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only VAS CAUSED IMMEDIATE	BY:	ine for (a), (b), as		sis				111	MATE INTERVAL DINSET AND DEATH	
	NO		mediate ng the lost.	DUE TO, OR	AS A CONSEOU AS A CONSEOU NTRIBUTING TO	IENCE OF		D TO THE TERM	IN AL DISEASE OR CON	DITION GI	Z VEN IN PART 110	425	
2	CERTIFICATION				ion for which						b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO		
III See Donald	MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHITE NOT WAS	CAUSE OF DEATH ICAL EXAMINER)	21b. TIME OF HOUR A.M P.M 21e PLACE O	INJURY A. MONTH D A.	AY YEAR		ION	RED (ENTER NATURE OF INJU		PART LOR PART 2)	STATE	
2000000		220 I certify that (I) sow the deceas above, (I) (we) (22b. SIGNATURE	(this hospitol		9/16 19	6311		19 8) (our) opinion	, to death occurred on the d	9/16 ste and ho	ur and from the c		
THE PARTY OF		David DAVID	Junk AME (TYPE ORP TUN)	2 MD	мь		22e ADDRE		MEDICAL STA DIRECTOR PHYSIC N. WOLFE	ST.	9/16 BALTO. 2120	MD. 5	
		URIAL, CREMATION,		23b. DATE 9/18/8		NAME OF C		CREMATORY	23d. LOCATION		COUNTY	STATE	

DHMH - 16 50M 4/83 (VRA 15, 4)





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATION BEATH REGISTRAR 1 DECEASED NAME 20 DATE KNOWN XX MONTH 7h HOUR (TYPE OR PRINT) ESTI-DEATH MATED Zufall 9-18 10 84 Elvira AGE (IN YEARS | IF UNDER 1 YR. 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED DEAD 10 84 8/1/44 a. M Female White 7n BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, X Cumberland, Md WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 1)2b. KIND OF BUSINESS II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Baltimore University Hospital - DOA Domestic USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY 909 Pa. Ave. Balto Md. Balto. City 8. GIVE PAGES 1, 2, A WITH FORM PM 3. F 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST LAST Georg B. Zufall Pauline Kerchville 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) I LIF YES, GIVE WAR OR DATES! Patricia L. Talieferro APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, ATION, OR REMOVAL PART I DEATH WAS CAUSED BY Craniocerebral Injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WIRTING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND ME BALTIMORE, MARYLAND, 21201 PROJR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION n AUTOPSY? (head only) YES XX NO. 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 214 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 2:10 xx 9-18 19 84 subject fell off of porch STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE House 726 N. Carrollton Ave.. Balto., Md. 220 I certify that Hook charge of the remains described prove held wh Autopsy XX Inspection . Inquiry dent XX Homicide Undetermined monner Natural causes Assistant 9-18-84 Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 23d LOCATION 230.BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Reist. 9/21/84 All Saints BP 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Eline Funeral Home Reist. runa Daydson-gandale (VR A15 ME (5)) 20M 4/82

